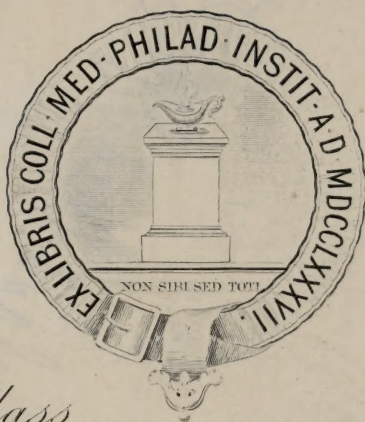


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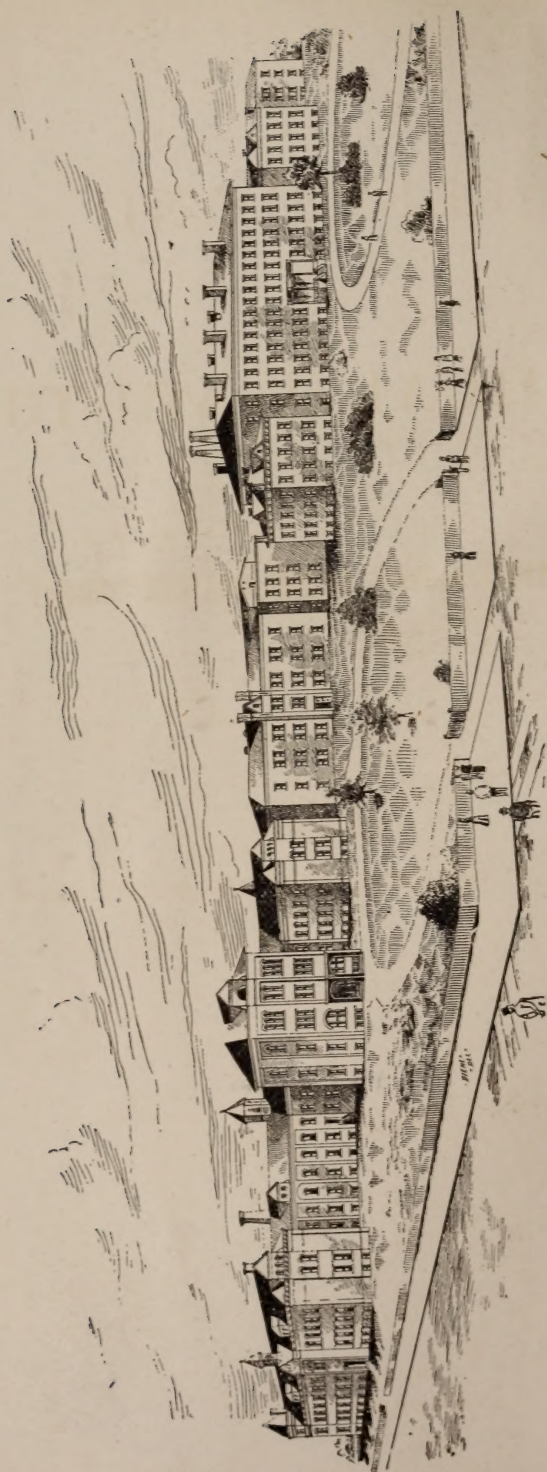






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# MEDICAL GAZETTE,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

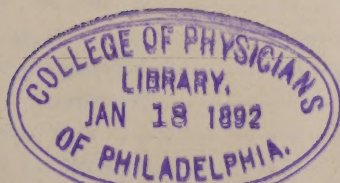
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EDITED BY

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VOL. VI.



CLEVELAND, OHIO,

PRESS OF BUEL & HUBBELL.

1891.





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# Cleveland Medical Gazette.

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VOL. VI.

NOVEMBER, 1890.

No. 1.

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## ORIGINAL ARTICLES.

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### POPULAR AND PROFESSIONAL FALLACIES IN REGARD TO THE INSANE.

Read before the Medico-Legal Society of New York.

BY JOHN J. ELWELL, CLEVELAND, O.

Vice-President of the International Medico-Legal Congress.

1. The looseness and uncertainty with which the term insanity is used.
2. The erroneous idea that the insane are murderous in disposition *per se* should be corrected.
3. The theory that once insane always insane, and that insanity descends to the latest generation and to all collateral branches of the family, is a fearful error. It is not necessarily and certainly hereditary. It may be.

As alienists differ widely and irreconcilably as to the meaning of the term insanity, you would not be far out of the way, Mr. President, should you require each writer or speaker to clearly define the exact meaning in which he uses the term insanity. Writers seem ready enough to attempt a *general definition* of the term, which really means nothing. They start out usually with the remark that the term cannot be defined, then attempt to define it. You have been printing these definitions, in large

numbers from time to time, from leading alienists, no two of which are alike, as a matter of course, for insanity is one of those comparative and indefinite terms like health, strength, sickness, light, darkness, good, evil, weakness; having no settled general standard of meaning, and must be used relatively. Health in one man, is sickness in another, etc.

A writer, however, on any one of these subjects, should be able to give us *his* standard, and tell us what *he* means when he uses one of these terms. So of the term insanity, every writer who undertakes to discuss the subject, should first tell us in what sense *he* uses the term, and it should be in such exact language that there can be no misunderstanding as to his meaning. If he cannot do this, then he writes to no purpose, for no two persons will understand him alike. It is doubtful if he clearly understands himself.

Hence, confusion, contradiction generally, and an unsatisfactory condition of testimony on this subject. Lawyers are irritated, the courts disgusted and the medical men themselves dissatisfied and embarrassed.

David Dudley Field has said: "It is curious to observe with what different views, different persons regard the question of insanity. The lawyers do not agree with the physicians or among themselves. The physicians do not agree with one another. Scarcely any two writers with one another, or for that matter any two judges agree upon the definitions or tests." They do not understand and use the term alike. Hence confusion.

This experience of the great lawyer is what happens to the members of the bar generally. This condition of things should not exist. When Mr. Field, Dr. Stephen Rogers, Dr. Channing or Dr. Stearns and many others, write or speak on this difficult subject, they are understood precisely, because they do not talk loosely and deal in generalities that mean nothing, and consequently what they say is to the point, terse, clear and understood.

Insanity, as I use and understand the term, in connection with crime, and for the purposes of this paper, is that condition of the mind of a person of the age of discretion, which

renders him *incapable* of knowing that the thing done or attempted is a violation of law, and not right; or, if capable of knowing that the act is illegal and wrong, is *incapable* for any reason of refraining from its committal. In either case he is not a *free agent*. I exclude wholly the victims of so-called morbid impulse, emotional or moral insanity, as having no scientific or rational basis. There was no insanity, as I use and understand the term, in the Guiteau, Cole-Hiscock, Sickles-Key and other like cases. The present Sheriff of New York has served his country remarkably well for one subject to paroxysms of emotional insanity! It was not insanity, but the marvelous eloquence of Brady, that influenced the jury in that famous case. Nor do I include the large class, as I have written elsewhere—*North American Review*—among whom are found the weak and evil minded, singular, immoral and eccentric people; those badly balanced, of poor judgment, bad memory, the unreasonable and crankish. The world is made up principally of these classes. Some alienists say one-half of the human family is insane. A noted Chicago alienist limits the crazy portion at three-fourths of the race. Nearly all these three-fourths should be held responsible for their acts, for they know right from wrong, the legal from the illegal, and have a *fair measure of will power*, which may be quickened by the fear of punishment, disgrace or discomfort to themselves.

I am, without doubt, now fully understood, as to whom I mean when I speak of the insane. Let every writer be equally precise—then we will understand each other.

2. I am not a believer in the popular and professional idea of a blood-thirsty tendency in the insane. The following proposition, I think, embodies the truth, though it may startle some of my hearers, and is, possibly, a little too strong.

As a class, the insane are not prone to homicide. They shrink from blood and tremble in the presence of distress of any kind. Not one case of murder in a thousand, perhaps, is by a really insane person. No class of society is so timid in the presence of blood or shrinks from it more instinctively than do the insane. In Ohio I have failed to find a case of homicide within the ten or twelve asylums; not having full reports, how-

ever, there may be, and probably are such cases. In Massachusetts, Dr. Channing says there have been cases of homicide in the asylums, and doubtless this is true in other States. See his letter attached.

My proposition will not meet ready acceptance, but careful investigation will confirm it. My percentage may be a little too low, as suggested by Dr. Channing. My conclusion, however, has not been reached hastily, but is the result of thought after considerable correspondence with prominent superintendents of insane asylums. I find that homicide seldom occurs in asylums. The tendency to murder is found in almost every case, outside of these institutions, and the murder is the first evidence of the insanity of the guilty party, according to the popular hypothesis. Probably, in nine cases out of ten, the defence of murder in our courts is improperly insanity, the insanity of the defendant never having been before suspected. The homicide itself is the evidence of insanity, which is supported by all kinds of crookedness and curious doings of uncles, aunts, cousins, nephews and the like, of all degrees of consanguinity, in the ascending and descending and collateral family lines.

3. Another popular and professional error exists in the idea that one member of the family having been insane, blood relations are tainted and the malady may break out any where and at any time. So far from this being true, nature goes to work at once, as in other diseases, and brings to bear all her mighty forces and enginery to eradicate the disease from all who may have the insane tendency. She works here just as faithfully and with the same success, as in repairing a fractured femur or any other injury. This painful error, like a blight, hangs over a family forever, in which there may have been sometime, in the old world or in the new, a case of insanity, and the medical profession should correct this false impression. The importance of this subject was first impressed upon me by the fact, that, I think, I saved a man from suicide, by satisfying him that there never had been a case of insanity in his family, he being under the impression that it had existed in a distant relation, and might develop in himself and family.



With this dangerous error corrected, the legal profession would not so systematically and confidently seize upon the defense of insanity as a generally successful defense in case of homicide, and the anxiety of members of such unfortunate families as may have had a case of insanity within their ranks would be greatly relieved. Dread, instead of hope, is constantly present where there has been a case of insanity in a family, resulting from present teaching. It should be taught and impressed, that amid all the ills of life, every person carries in his blood, never sleeping and tireless, the *vis preservatrix* and the *vis vita*, powerful living forces, which are in a constant and deadly struggle with disease of all kinds, and which will in the long run be victor with anything like fair play.

Finding I have occupied more time on the preliminary points than I expected, and being unable to abridge or give a synopsis of the letters from distinguished superintendents upon the murderous instincts of the insane, some of which I wish to attach, my paper is sufficiently long for an occasion like this.

A condensation of the letters would not be fair to the able writers. I do not want to make them responsible for what some, doubtless, will consider my vagaries; except to the extent their letters indicate.

CLEVELAND ASYLUM FOR THE INSANE, }  
CLEVELAND, O., Feb. 17, 1890. }

J. J. ELWELL, ESQ., Cleveland, O.

DEAR GENERAL:—Excuse my delay in answering your letter of February 12.

I appreciate your kind expressions relative to my published views on "Emotional Insanity." The chief factors, according to my observation, which result in the production of Emotional Insanity (so called), followed by homicide, are a vicious life, whiskey, a woman and a revolver. To my mind these imply depravity instead of infirmity.

It is a fact that very few cases of homicide occur in Asylums for the Insane. Very rarely a lunatic, under epileptic furor, or while dominated by certain delusions, may attempt homicide.

It would be quite a relief to me to know when the Medico-Legal Society of New York will get through trying and acquitting Guiteau. Having the opportunity that I did to observe Guiteau while on trial, it has been a source of amusement, as well as disgust to me, to read the views of certain parties who profess to have so much light in regard to his case. In reality, it is but a rehash of what an old friend of mine would have designated "moral mush." It is consoling,

however, to realize that Justice obtained her rights in his case, and that the law placed him at last, where "no sound can arouse him" to murder "again."

Very truly yours,  
J. STRONG, Superintendent.

P. S.—We have never had a homicide by a lunatic in our asylum.  
S.

CINCINNATI SANITARIUM, }  
COLLEGE HILL, O., Feb. 28, 1890. }

J. J. ELWELL, M. D., Cleveland, O.

DEAR SIR:—Yours of twenty-fifth at hand. The question you raise is interesting and suggestive.

In twenty-one years of asylum experience, embracing observation of six thousand insane persons resident in asylums, I have never had a homicide, nor an attempt in that direction, with clearly defined homicidal purpose or "impulse."

Outside of asylum observation, I have known of but three homicides committed by persons that were unquestionably insane. One of these was in accordance with "divine command" (auditory hallucination); one, the madman mistook the victim—a friend—for a hog, while in a state of excitement (hallucination of vision), and the other was in accordance with a delusion of persecution. Two of these homicides died insane, without intermediate mitigation of disease, and the other was executed as a murderer.

I shall be pleased to know your conclusions after fuller investigation.

Yours truly,  
O. EVERTS.

RETREAT FOR THE INSANE, }  
HARTFORD, CONN., March 1, 1890. }

MY DEAR DR. ELWELL:

I beg to acknowledge the reception of your letter of February 26, and to say that I agree, in general, with your proposition, which is that a comparatively small number of the insane exhibit indications of homicidal tendencies.

I think, however, that it would hardly be desirable to specify any special per cent. of them who do not have such tendencies.

I do not think that there exist, so far as I know, statistics enough to warrant a definite conclusion in this respect, and therefore, would not limit the proposition to the effect that "not one case of homicide in a thousand is by a really insane person."

I conceive that the percentage of such cases would vary very much among the insane in different classes of society, and depend, in some degree at least, upon previous education and social habits of life. I am, dear sir,

Very truly yours,  
H. P. STEARNS.

BROOKLINE, MASS., March 16, 1890.

J. J. ELWELL, ESQ., 29 Euclid Avenue, Cleveland, Ohio.

MY DEAR SIR:—Your favor of the first inst. came duly to hand.

I am glad to hear that another edition of your book is soon to be published.

I should, to a great extent, indorse your conclusion that "the really insane do not commit murder, but shrink from blood as a general thing." Much, however, depends on what you mean by the "really insane," and "as a general thing."

Alienists differ very much in their opinion as to what insanity is. Those physicians, for instance, who testified to the sanity of Guiteau, would be apt to stretch a point, and regard many insane individuals as not "really insane," and would hold them responsible for homicide.

I should, probably, in those cases, find positive evidence of the mental disease, which would, in my opinion, render the individuals *irresponsible*.

I would then modify your proposition and say: "The insane, as a rule, are not homicidal, but an important percentage of them have homicidal tendencies."

As evidence bearing on the point, I find that of the 444 persons admitted into the insane asylum at Utica, New York, in 1888, 13 had attempted homicide and 43 threatened it. In 1889, 293 persons were admitted into the insane asylum at Buffalo, New York, and of these 17 attempted homicide and 11 threatened it. In 1889, 550 persons were admitted into the insane asylum at Middletown, New York, and of these, 8 attempted homicide and 20 threatened it.

As further evidence in the same direction, I may mention that 1,062 persons have been admitted into the State Asylum for Insane Criminals at Auburn, New York. 129 of these persons were sent to the asylum directly from the courts, or indirectly, sentence not having been passed on them because of insanity. Of the 129, 55 had committed murder, 1 murder in the second degree, 2 manslaughter, 13 assaults, 8 assaults with intent to kill, 11 arson.

The statistics of the last mentioned asylum are, in part, an answer to the last portion of your conclusion that "not one case of homicide in a thousand is committed by a positively insane person."

We see that in New York, during the last thirty years, 58 murderers have gone to the criminal asylum at Auburn, and it certainly will not do to say that there have been 58,000 murders in New York during this period. Further than this, some of the homicides in New York who have been acquitted by reason of insanity, are sent to ordinary asylums, so that the above numbers are below, rather than above, the mark.

It is also my opinion, founded on experience with convicted murderers, that it not infrequently happens that insane persons are convicted of murder without the insane condition being discovered.

I should say, therefore, that taking one thousand cases of homicide, an appreciable percentage of them were committed by insane persons.



Homicides have been attempted and committed in this State by insane persons.

From what I have written you will see that my point of view is somewhat different from yours. I can only say that I am careful and conservative in my way of viewing all cases, and have no pre-conceived ideas to influence me.

Yours very truly,  
WALTER CHANNING.

*Note by the Author :*

[In regard to the New York statistics (referred to by Dr. Channing) of "insane criminals;" they contain, without doubt, large numbers from the Chicago alienists; three-fourths of the human family; whom he pronounces insane. They would never (most of them) have come out of Dr. Channing's hands as "insane criminals." He is too conservative for that. The really insane have no motive for common crime any more than they have a motive for murder. It is the sane who have a motive and object for crime, and it is this class which is crowded into the asylums for "insane criminals." It results from the old and common theory, that where there is a criminal act or a murderous intent the offender is presumed insane, and to be guilty of a minor crime, is also evidence of some other kind of insanity. They are convicted under the uncertain kind of evidence usually submitted to courts, and called "insane criminals," when they should be treated as responsible for their acts. So the New York statistics have not much weight, and from the nature of the cases, they are not reliable.]

*Note by the President :*

Mr. Bell invited some prominent alienists to discuss this question when the paper was read, and the following letters are appended at the author's request :

GREENMONT, June 11, 1890.

CLARK BELL, ESQ.

DEAR SIR :—Your favor of yesterday, regarding Dr. Elwell's paper, is in hand.

I would be glad to hear the paper, but am to attend the commencement exercises to-night at the Metropolitan Opera House, where my son is to receive his diploma as Doctor in Medicine.

The point as to whether the insane are *per se* homicidal seems to me too broad to admit of an intelligible answer. Some of them are certainly dangerous, either under the influence of insane delusions, of insane impulses, or when in those mental conditions in which self-consciousness seems to be in abeyance, and the patient to act as an automaton; while, on the other hand, a great majority of the insane are not homicidal, nor liable to do harm to others. Now it is not a question of any practical importance whether the ratio of the danger as to the harmless insane is greater than the ratio of the dangers to the harmless sane population or not. It is of importance to know what insane per-



sons are dangerous and to take proper care of them. Then, again, there are certain of the insane about whose impulses and propensities there is a doubt. It is a practical question to find out which these are, and to place them under special supervision, if possible. Since their responsibility is limited by reason of their insanity, and since the State relieves them from punishment for their irresponsible acts, the State has the right to impose restraints which would not be proper if they were fully responsible, and should do so. I am

Yours very truly,

RALPH L. PARSONS.

TO CLARK BELL, ESQ., President Medico-Legal Society.

KINGS COUNTY INSANE ASYLUM, }  
FLATBUSH, L. I., June 15, 1890. }

CLARK BELL, ESQ.

DEAR SIR:—

In response to your communication of the tenth inst., regarding Insanity and Homicide, I do *not* think that the insane are *per se* homicidal. I have come in contact with about five thousand cases in the past seven and a half years, and the percentage of homicidal cases is small; the cases being almost entirely confined to the epileptics and melancholiacs with delusions of persecution.

As far as I am able to judge, I think most of the violent cases (so called) are not necessarily homicidal, but intend using only sufficient force or violence to overcome the barriers to escape, without depriving attendants or physicians of their lives. In an insane population of 1,152—the present census of this asylum—I can place perhaps only one-half dozen under the heading “homicidal,” who have threatened it with the full intention of committing the deed at the first opportunity. We have 80 per cent. more women than men, and but *one* woman comes in the category mentioned.

We have frequent acts of violence among both sexes, directed towards fellow-patients and attendants, with resulting bruises and cuts, which, of course, could not be indexed as homicidal.

Trusting that my meagre quota will be of some service to you, and regretting deeply my inability to hear the paper you mention, I am

Yours very truly,

WALTER S. FLEMING,  
Superintendent.

## A REPORT OF THREE EXCISIONS OF THE KNEE-JOINT.

BY F. E. BUNTS, M.D., CLEVELAND, OHIO,

Professor of Principles of Surgery, Wooster University; Visiting Surgeon St. Alexis' and University Hospitals.

The knee has long been regarded as a part of the human anatomy in which surgical interference was greatly to be deprecated and discouraged, and even modern surgical text-books, in some instances, dwell upon the greater mortality resulting from excisions of that joint than from amputations.

As to the relative advantages of an artificial leg, with all its accompanying discomforts, and a successfully excised knee, it seems to me there can be no question; and every additional evidence, however small, which will tend to fix beyond a peradventure the supremacy of excision, must be regarded as of some slight benefit to the advancement of surgery.

It is on this score that I venture to present the following record of three successive cases of excision of the knee-joint.

Case 1. James M——; age, 14; a patient at St. Alexis' Hospital.

In this case there was a tubercular disease of the knee-joint of long standing; suppuration had taken place, and sinuses had formed and closed. The knee was fixed at an angle of about ninety degrees, and he was obliged to use crutches in order to get about.

Below the knee, the leg had atrophied considerably, and an inversion of the foot added to its deformity. The joint itself, as well as the shaft of the femur, was greatly enlarged.

On May 16, 1889, I endeavored to straighten the limb by *brisement force*, the patient being under chloroform; and to facilitate this I performed a tenotomy on the hamstring tendons. During this operation, while using what seemed to be moderate force, there was an apparent fracture of the femur, or separation at its epiphysis. The operation was discontinued and the limb put up in a glass bandage and allowed to remain until June 21, when, firm union having apparently taken place, I excised

the knee-joint, making a transverse excision from condyle to condyle, above the patella, which was found ankylosed to the femur, and was consequently removed. The tibia, also, was found ankylosed to the femur in a subluxated position. Though no pus was present, the head of the tibia and condyles of the femur were in a carious condition, requiring the removal of several slices of each by the saw and knife, in an endeavor to find healthy surfaces, and even then there were several foci of diseased structure that necessitated gouging out of the bone to the depth of from one-half to three-fourths of an inch. Particular care was taken to remove the quadriceps and subpatellar bursæ, as well as that behind the head of the tibia, and a large amount of fungus tubercular tissue found disseminated throughout the joint.

The opposed surfaces of bone were brought in apposition and united by three wire nails driven through the tibia into the femur. The integumental incision was closed by catgut sutures, with the exception of sufficient space at each side for the drainage tube, which was passed into the popliteal space posterior to the head of the tibia.

Esmarch's tourniquet was used and no vessels were tied. The wound was dressed antiseptically, and fixed in the extended position by a plaster bandage.

On the sixth day, owing to considerable oozing having taken place, the bandage was removed and fresh dressings applied; the wound was perfectly clean. At the end of the second week the nails were withdrawn, and the tubes being also removed, the sinuses closed, and repair went on uninterruptedly.

At the end of six weeks he got about with crutches, a glass bandage being applied to the leg.

He has now entirely given up the use of his crutches and gets about without pain or appreciable inconvenience, aside from the stiffness of the joint.

Case II. Andrew Neill, 10 years old, admitted to University Hospital, September 12, 1889.

History—Pain first noticed in left knee at the age of four years; treated by rest and bandaging, and pain left it, returning again when seven years of age. He recovered, apparently,

from this attack, and was free from pain till one year later, when he had it treated by fixation, with plaster bandage, etc. Under this treatment he improved for a time, but eventually became worse, and an operation upon his knee was finally decided upon.

He was at this time unable to touch the foot to the ground, and his leg was fixed in the position indicated in Fig. 2a.



The operation performed was essentially that described in the first case, except that the quadriceps bursa having been found filled with pus, a longitudinal incision was made down to it, and the entire sac dissected out and its cavity drained.

Diseased tissue was cut away with curved scissors, and the ends of the femur and tibia removed to the extent of about three-fourths of an inch, revealing several small suppurating cavities in the head of the tibia. Free use of the curette was made, and as much of the bone and cartilage saved as possible. The patella was removed in this case also.

No vessels required ligatures, and the bones, etc., were united as before, the wound drained from both sides, dressed antiseptically and fixed in a straight position by a plaster bandage.



The after-treatment was much the same as in the previous case: drainage tubes removed at the first dressing; nails at the end of three weeks; everything completely healed at the end of four weeks, and at the end of six weeks he was allowed to get about on crutches, with a glass bandage applied to his leg.

On October 24, '89, he left the hospital, and in two weeks the fixed bandage was removed. Contrary to my directions, he soon threw aside his crutches, and has been running about with simply a high-soled shoe ever since. I have seen him from time to time, and his leg is perfectly well thus far. The present condition of his knee is shown very well in Fig. No. 2b.



Case III. Lyman C. K—, aged 18 years, admitted to University Hospital October 25, 1880, with knee-joint ankylosed at an angle of about seventy-five degrees.

History—In January, 1889, while breaking a stick over his knee, he ran a wire nail into his thigh. The limb soon became very painful, and an abscess formed. A doctor was not called till in February, and treated him with medicine for blood-poi-

soning. He lanced the leg at various points, and drew off pus from day to day for a period of six months. Hot poultices were ordered and sedulously applied during all this time. The knee drew up into its deformed condition during one night about two months after the receipt of the injury. The pus burrowed freely through and below the knee-joint, and when suppuration finally ceased, it was firmly fixed in its subluxated position.

On the day of his admission into the hospital, with Dr. Weed in consultation, an attempt was made to straighten the limb by forced extension, the patient being thoroughly anæsthetized. In this I was not successful, and therefore immediately proceeded to open up the joint. This procedure revealed a subluxation of the head of the tibia backward, and an ankylosis of that bone to the femur, as well as a firm ankylosis between the patella and the condyles.

The operation consisted in the removal of the patella and slices of the condyles and tibia, subpatellar and quadriceps bursa, and a careful trimming away of all diseased structures so far as could be judged by appearances.

Considerable difficulty was experienced in straightening the limb, owing to contraction of the hamstring tendons. This necessitated the removal of more of the bone than would otherwise have occurred. It is possible that a division of the contracted tendons would have remedied this, but there was so much contraction of the integument in that region, due to scar tissue formed about old sinuses, that I thought the popliteal vessels and nerves would run less risk of interference in function by removal of more bone.

The fixation of the tibia and femur by wire nails, antiseptic dressing and plaster bandage was the same as before. In this case the dressing remained on three weeks without changing. When removed, the wound was found completely united; drainage tubes and nails were removed, the limb redressed and placed on a posterior splint. He was kept in bed seven weeks from the date of the operation, and was then allowed to get about with a glass bandage and crutches, returning to his home December 24, 1889, two months from date of admission.

His condition before and after the operation is shown in Figs.

3a and 3b. I heard from him under date of July 3, 1890, and he says that he has given up the use of crutches, has no trouble whatever with it, and has been engaged in teaching school for three months.



Nº 3A



Nº 3B

I do not know that I have anything new to offer in regard to the method of operating, or subsequent dressing and care. I believe that drainage tubes might be omitted, or at least bone ones substituted for the rubber ones. The nails I have used are obtainable at any hardware store, and I have prepared them by filing down the point, burning them in an alcohol flame, scrubbing them in a five per cent. carbolic acid solution, and finally, leaving them immersed in that strength of solution for twelve hours previous to the operation. I believe the round nails have a decided advantage over flat and triangular nails, in that there is less likelihood of splitting the bones, and the integumental wound is a mere puncture. Their shape also facilitates their removal. It might be an improvement to have them nickel-plated.

I cannot leave this subject without a brief reference to the

routine treatment of scrofulous diseases of the knee-joint. It matters little in too many cases what the diagnosis has been, the treatment continues the same, whether it is recognized at once as a tubercular knee, or, treated as a mono-articular rheumatic affection, become chronic, liniments, ointments, plaster bandages, iodine, rest, and finally, as a *dernier* resort, the actual cautery, constitute the treatment. If all this do not cure the patient, he is given up as a hopeless case, his knee is allowed to draw up into a distorted position, caries takes place, sinuses will form, and permanent ankylosis in this position, which renders the limb useless, ensues.

There is a time in the history of these cases when erosion of the joint is indicated, and I hope at a future date to present a record of a few, at least, such cases which have been operated on with success; but when the cases have gone on to caries, extensive suppuration, ankylosis and deformity, with a useless or very painful limb, excision should be performed, offering, as it does, relief from suffering and deformity, and an almost certainly useful limb.

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## REPORT OF PROGRESS IN GYNÆCOLOGY.\*

BY A. B. CARPENTER, M. D., CLEVELAND, O.

It is my purpose in this report, as in previous ones, to touch briefly on the more important subjects in the gynæcological field.

Gynæcology, as a distinctive specialty, no doubt stands higher to-day than ever before in its history; a larger number of men are limiting their work exclusively to this branch of practice, and it is safe to say that no specialty is making greater progress than ours.

Results are now being obtained and relief afforded in a considerable number of cases that, but a few years ago, would have

\*This paper was prepared by Dr. Carpenter for the November meeting of the Cuyahoga County Medical Society. It was read by Dr. Upson at this meeting, and by a resolution of the society the editors of the GAZETTE were requested to publish it as a memorial to Dr. Carpenter's worth, as an active member of the society. The report is published exactly as found upon his desk after his death.



been prognosticated as hopeless. The advances made in surgical gynæcology have been most remarkable, and yet there is still great opportunity for improvement. Some of the most difficult cases in the entire category of medicine are brought to the attention of the gynæcologist; and special reference to those cases accompanied by marked nervous disturbance is made. Take, for example, a case where there is insomnia following uterine disease of years standing, the patient melancholy and without hope; a physical and nervous wreck; hysterio hypochondrical. These are the class and kind of patients that are the bane of our existence, and at times cause us to doubt the resources of our art. They require the most careful and pains-taking attention, and yet with our best efforts, failure will at only too frequent intervals be the reward.

#### UTERINE THERAPEUTICS.

The field of uterine therapeutics has been poorly worked during the past year; it has been quite the exception to meet with articles or literature bearing upon this subject. Aside from symptom remedies, it is a question whether we have drugs that can be said to exert a specific influence on the pelvic organs. The anti-hemorrhagic remedies, with ergot as an example, being noted as an exception, the entire drift of gynæcological writing during the past year being in a surgical direction. As an example of this state of affairs, may be mentioned the reading of a most classical paper on cystitis in the female, at the Newport meeting of the American Medical Association a year ago, with special reference to treatment by internal medication. The paper did not receive the slightest attention from the members, while an entire half day was spent in the discussion of extra-uterine pregnancy from a surgical standpoint.

Chlorate of potash is lauded in certain quarters, while in others it is said to have no influence whatever on pelvic congestion or subinvolution. Local applications to the endo-metrium for uterine disease are not made as frequent as heretofore. As is well known, Emmet has condemned this plan of treatment of intra-uterine disease for a long time, and it is safe to say

that the profession are coming to realize that his opinions on this subject are based on sound principles. Rest in bed, local blood letting, the interdiction of sexual intercourse, and the restoration of a free pelvic circulation are among the most useful means we have at our command for the application of mechanical therapeutics.

The indiscriminate use of iron in pelvic troubles may here be mentioned. There is no single remedy so universally prescribed in the general debility, arising from long-standing cases of pelvic disease, as iron; and it is safe to say that, in many cases, it proves a poison where it was intended a food. Take, for example, a case of menorrhagia, where the flow has been caused from a subinvolution, metritis, or pelvic inflammation; where a digital examination causes much pain, be it ever so careful; the patient pale and weak. Iron in a great majority of cases is the universal remedy, yet from the most recent writings, it is a remedy that in this sort of cases is strongly condemned. It is safe to say that iron should not be given where there is evidence of pelvic or uterine inflammation. Tait calls attention to this point, and contends that great harm arises from its indiscriminate use.

The bromides are not new, yet a mention of them may here be made. There is probably no single remedy more frequently prescribed than the bromide of potash or soda; these remedies tend to quiet irritation and thus greatly aid us in carrying out our treatment of a case. Large doses, in order to secure the proper effect, should be given.

The administration of remedies by the rectum is a method worthy of consideration; there are very few that can't be so given. Women with delicate stomachs, and with poor nutrition, will be benefited by this plan; besides, in this class of cases, remedies may be made use of, that by the mouth could not be tolerated or retained. Digestion by this means is in no way disturbed.

Anti-septics remain about as last year, sublimate being the one in most general use. Lister is at present experimenting with some new methods.

## MASSAGE.

Considerable literature has appeared in the journals on this subject during the past year. This form of treatment of pelvic disease I believe has secured but few ardent advocates. It is true that a no less distinguished gynæcologist than Dr. Gooddell advocates massage, yet it seems that it will be some time before it comes into general use. Any one interested in the subject, can find a very interesting and fair article by McNaughton Jones, in the May number of the *British Gynæcological Journal*, 1889.

To illustrate what is being claimed for this form of massage, I will quote from Boriakovsky *An. De Obst. Gyn. Ped.*, April, 1889, He says, the following series of conclusions from various sources :

1. Massage is a powerful agent in the treatment of disease of the female pelvic organs.
2. Its indications and contra indications are not definitely settled.
3. It should be studied upon the living subject.
4. Only in exceptional cases does it irritate the nervous system.
5. It probably does not encourage sexual excitability.
6. It may be practiced without difference as to results by either men or women.
7. Electricity has a much more exciting effect upon the nervous system than massage.

Dr. Gooddell says, in speaking of massage where the uterus is bound down by adhesions: "I believe that massage of the fixed womb can be employed with propriety and without indecency. . . . In so doing, one simply passes one or two fingers behind the womb, and catching it from above with the other hand, rocks it from side to side, and backwards and forwards, stretching the adhesions and separating them if possible."

The use of pelvic or uterine massage will probably be confined to the practice of a very limited few.

## STERILITY.

The success attending the treatment of cases of sterility up



to the present time has been anything but satisfactory. What has been heretofore the almost universal rule, that of dilatation of the uterine canal, is far from a scientific procedure. A rule laid down by Tait can well be applied here. If the pain precedes the flow, then the cause will be found to be tubal; if the pain follows, the appearance of the flow is of a spasmodic character, and chiefly referred to the back, it will be found to be due to some mechanical obstruction in the uterus. Sterility following the latter symptoms should be treated by forcible dilatation. Where the menstrual epoch is unaccompanied by pain, dilatation will be of no avail. It seems to be almost universally admitted that gonorrhœa in the female will usually result in sterility. Tait goes still further, and states that he believes that perimetritis must almost necessarily be followed by sterility. In this condition we see the possibility of fruitful intercourse attacked and destroyed. The ova are hindered from leaving their source; the tubes are liable to become sealed at either the proximal or distal end, and thus prevent the congress of the ovum and sperm. If Tait's opinions on this subject are correct, and we take into consideration the liability the female has to inflammatory attacks of the uterine appendages, it can readily be seen why our efforts in the treatment of cases of sterility are often attended with failure. It is now claimed that the fault is more often with the male than was supposed. A prominent authority, Mathews Duncan, I believe, states that one case in six will be found to be the absence of spermatozoa in the seminal fluid. That the causes of sterility are varied and numerous seems tolerably certain. These causes will have to be determined before treatment is begun, for to manage every case as due to stenosis of the uterine canal will but tend to bring discredit upon our work.

#### MECHANICAL SUPPORTS.

Pessaries still have their advocates as well as their adversaries. Lawson Tait says he dislikes to use pessaries, but when obliged to, he chooses either one of his own invention or Fowler's; his pessary is known as Tait's wedge, while Fowler's is a shape designed by Dr. Fowler of Youngstown, Ohio, and is, no doubt, familiar to you all. Intra-uterine stems are not growing



in favor ; many complications are reported as due to their use. Anterior displacements are now said to be curable in so far as pessaries are concerned. There may be said to be one exception in regard to stems, and that is in the use of galvanic stem for amenorrhœa, associated with non-development ; in this condition the galvanic stem is useful.

#### FIBROID TUMORS.

There is no one subject in gynæcology that has perhaps attracted so much attention during the past two or three years as fibroid tumors. Of the claims of Apostoli you are all familiar, and it is needless to add that his extravagant claims have not been proven by other men; that hemorrhage and reflex pains can be controlled there seems but little doubt ; the growths are also checked by the action of the current, yet that oophorectomy or hysterectomy will have to be performed there seems little question. If the patient is under thirty, the removal of the appendages will at once be the proper plan of procedure, for whether the symptoms are severe or not, she is so far from the menopause that she will be almost sure to get into trouble before its arrival. Should the tumor be of the soft edematous variety, the entire removal of the growth will be best ; the removal of the ovaries has no influence in checking the growth of this form or variety, as they are found to grow as rapidly after the menopause as before. Electricity is an agent of great value, and should be made use of in those cases where the climacteric is not far away ; in these cases the hemorrhage can be kept under control and the patient tided over. There is still another class of these cases that is frequently seen. The patient has discovered that she has a tumor and seeks advice regarding it. She has little or no pain, and suffers only to a slight degree at her menstrual period. The tumor will be found to be of the multinodular variety, and should be religiously left alone; nothing that we can do in a conservative way will be of the slightest avail ; the menopause will relieve these cases.

#### ELECTRICITY IN GYNÆCOLOGY.

The use of electricity in pelvic troubles has at this time a considerable number of advocates, and a mention of the appli-

cation of this form of treatment will here be made. Engleman of St. Louis, a reputable member of the American Gynæcological Society, has boldly advocated the use of the constant current for the relief of the various aches and pains arising from inflammatory troubles. The general opinion expressed at the last meeting of his society was not that of assent to his views. Several gentlemen stated that they had, in a limited number of cases, secured what seemed to them considerable benefit from the use of galvanism, but taken as a whole, there seemed to be a feeling of doubt as to its general usefulness. Emphasis was placed on the point that the application was attended with only a temporary relief; the society, however, did not place the ban of excommunication upon it at this meeting, but felt that it would perhaps be better to wait and see what another year would bring about. I am informed by Dr. Robb, assistant to Dr. Kelly, the gynæcologist to Johns Hopkins, that it is the intention of Dr. Kelly to take up the treatment of these cases by electricity, and make a most careful test of the subject; it is their purpose to extend their work over a period of several years, and to spare no effort to determine just what results can be definitely obtained. Knowing Dr. Kelly, I shall look forward to his report on the result of his work in this direction with very great interest, thoroughly believing that if there is any efficacy in the use of galvanism, that we shall have the matter placed before us in a perfectly reliable way.

#### VAGINAL HYSTERECTOMY.

Vaginal hysterectomy stands more prominently before the general profession than ever before; the mortality is being greatly lowered, and the operation may be said to be permanently established. It is true, that a few prominent men still advocate the high amputation method; yet I believe that the treatment of cancer of the uterus in future will, where the case is not too far advanced, be that of total extirpation. The general profession will refer their cases for operation as soon as they make the diagnosis, and by so doing, greatly enhance the chances for a permanent recovery. As regards the comparative merits between the high amputation and that of total extirpation, there can be no doubt that the operation that most

thoroughly removes the diseased parts, offers to the patient the surest means of a permanent cure. The operation is not difficult to perform, and under ordinary circumstances is quickly made. The mortality is yearly growing lower, and when we take into consideration that, if left to themselves, the patients are sure to die a lingering death of great suffering, I think the physician who neglects to advise his patient to avail herself of surgical aid, neglects his duty. A word in regard to the much vaunted opinion of the late Schroeder and his assistant, Dr. Hoefmier. As is well known, Schroeder was an ardent advocate of the high amputation plan; he did not believe in total extirpation; he published statistics to show that his ideas are correct. This is well understood when it is known that he only operated for the entire removal when the disease had invaded the body of the organ, and of course these cases are the ones most unfavorable for the operation.

#### EXTRA-UTERINE PREGNANCY.

Another year has greatly lessened the number of those who advocate the electrical treatment of this condition. The most prominent men in this country are to-day strongly urging the abandonment of this plan, and advising in its stead the abdominal section. As you all know, Tait has always advocated the immediate opening of the abdomen for this condition. It is claimed that by the former plan, much valuable time is lost, and not a few lives needlessly sacrificed.

#### NEW LITERATURE.

'Gynæcological Electro-Therapeutics,' by Horatio F. Bigelow, M. D., with an introduction by Apostoli, and published by H. K. Lewis of London, is an exposition of the radical claims of Dr. Apostoli.

'Diagnosis and Treatment of Extra-uterine Pregnancy,' by John Strahn, M. D.; Blackiston, Son, & Company, Philadelphia. This little work has been very favorably reviewed, and is worth reading by any one interested in this subject.

The most important work that has appeared is one by Lawson Tait, entitled, 'Diseases of Women and Abdominal Surgery.' Lea Bros. & Co., 2 vols.; only one volume is as yet out.



Lawson Tait's master hand is visible in every line. The work is an excellent one.

Martin's book has been translated by the editor of the 'Annals of Gynæcology,' has been issued by subscription in monthly parts, and is now completed. This is a good work.

#### NECROLOGY.

An unusual number of distinguished gynæcologists have died during the past year. Dr. Prothero Smith, the founder of the Hospital for Women at Soho Square, London, the first institution of its kind in the world, died last year at the age of 80 years.

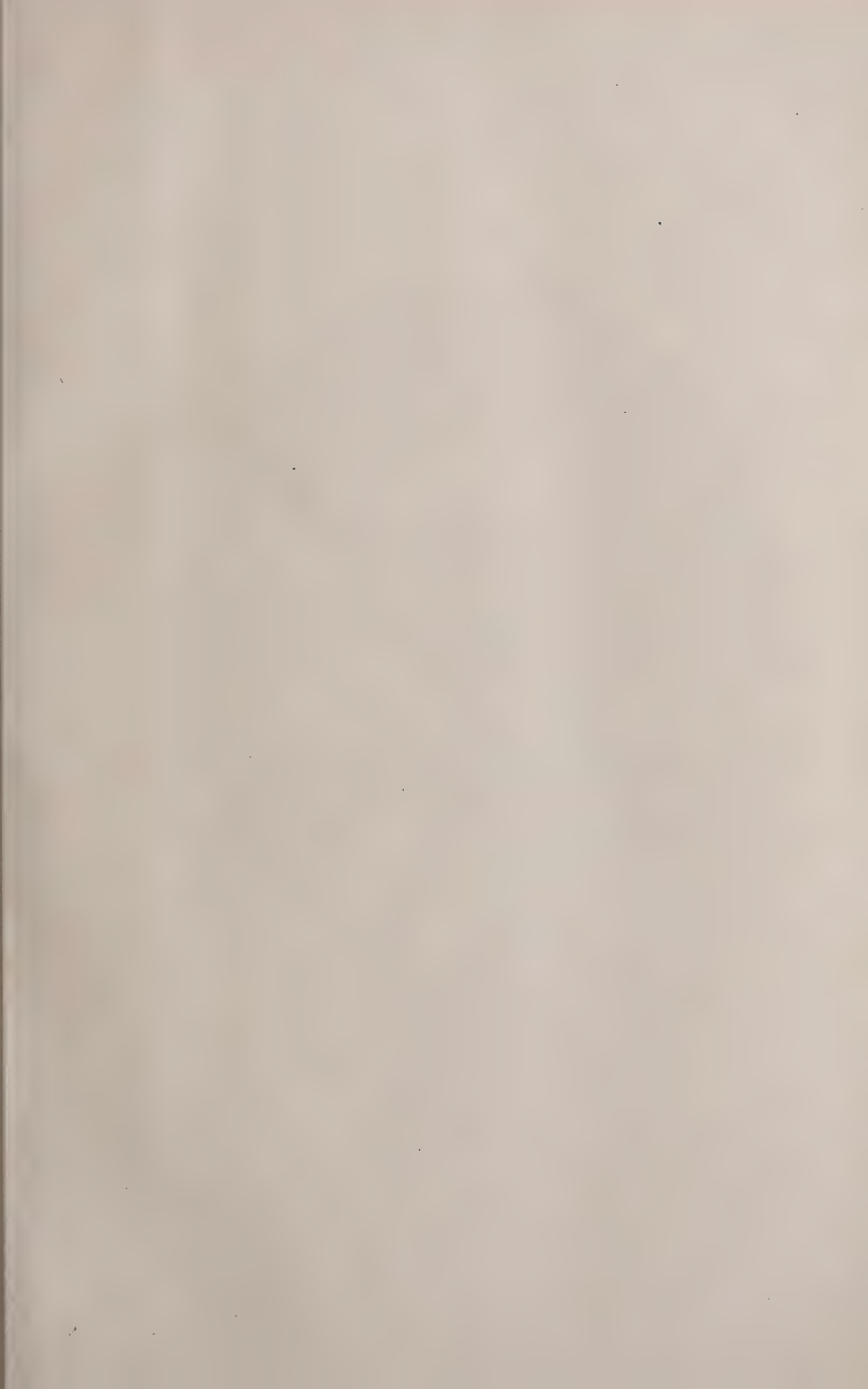
Dr. August Breisky of Vienna, a distinguished specialist, also joined the innumerable host in May, 1889.

Dr. J. Mathews Duncan of London, obstetrician to St. Bartholomews, and a gynæcologist of note, finished his work in August last. Dr. Duncan made a considerable study of the causes and treatment of sterility, his paper on this subject being extensively reprinted.

Dr. M. Hunter of New York, for many years associated with Dr. Thomas, at the College of Physicians and Surgeons, also surgeon to the Women's Hospital, died during the last year. Dr. Hunter was much thought of, and is greatly missed by his colleagues. He was a man of great promise.

Dr. Byford of Chicago, died in June last. He was professor of obstetrics in Rush college, and a man of wide reputation as a gynæcologist.







DR. JARED P. KIRTLAND.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

Vol. VI. begins with November, 1890. Subscriptions can begin at any time.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

### JARED POTTER KIRTLAND.

It is short and easy philosophy to say, The fruit of a tree is the result of a combination of seed and soil and season: But it would be a long and arduous task to analyze and describe those factors, and trace the action and discover the laws, chemical, meteorological and vital, which under nature's magic hand produce so wonderful a result.

It is easy also to say, The fruits of a human life are the result of heredity, organization and environment. But in the case of man, "noble in reason, infinite in faculties, in form and moving express and admirable; in action like an angel, in apprehension like a god," if one had the power to follow to their ultimate sources the lines of forces which here commingled, to perceive their relations and judge their values, his expanding thoughts would compass the wisdom of the ages and approach the mysterious dwelling-place of the Ancient of Days.

It is not for the purpose of philosophical speculation, nor yet of scientific study, that we shall consider the life and labors of Dr. Kirtland. We only hope to present a sketch which shall be sufficiently life-like to stir the memories of those who knew him, and to make those who never knew him to feel acquainted, and experience something of the inspiration of his individuality, and find a lesson in his example. By association the contemplation of a master mind or character cannot but have an elevating and strengthening effect.

It is also with a certain pride in the subject of this sketch as an indigenous product of American soil, which should teach us to recognize an oak among brambles, if it did grow at home, without waiting for foreign naturalists to discover its qualities and tie a label to it.

It was Dr. Oliver Wendell Holmes who, when asked how early it was necessary to begin to shape the character of a child, replied, "Begin with his grandfather." Taking a hint from this, let us inquire what manner of man was grandfather to him who became "The Sage of Rockport," "The Ohio Naturalist," the "Father of The New Penitentiary," Doctor of Medicine, Doctor of Laws, Professor of Theory and Practice and Physical Diagnosis in Cleveland Medical College. At the old Kirtland homestead, five miles west of Cleveland, is still preserved with his library and numerous relics, a time-stained document, in manuscript upon parchment, which reads as follows: (See next page.)

And the chronicles of his times record him as an honorable physician in civil practice at Wallingford, Connecticut.

His daughter Mary was married to Turhand Kirtland, and to them was born a son, Jared Potter Kirtland, on the tenth of November, 1793, at Wallingford, Connecticut. His grandfather adopted the child, who was named after him, into his own family, and himself gave him early instruction and guided his bright mind toward the studies which he afterward prosecuted with such distinguishing success.

His father being a large stockholder in the Connecticut Land Company, which had purchased from the State a large portion of the Western Reserve, was appointed general agent for the



Colony of Connecticut, }

Jonathan Trumbull, Esquire, Governor and Commander in Chief in  
and over his Majesty's English Colony of Connecticut, in New England and in America.

To Jared Potter, Gentleman Greeting

I do by these Presents referring special Trust and Confidence in your Loyalty, Fidelity  
and good Conduct, constitute and appoint You the said Jared Potter, to be  
Physician and Surgeon in the first Regiment of Substantials Inlisted and  
Appointed for the Special Defence and safety of his Majesty's said Colony

And I do hereby Advise and Impower You to exercise your  
said office in a due discharge of the Duties thereof, which you  
are carefully and diligently to attend as a Physician as aforesaid,  
according to the Jurst reposed in You for which this is Your  
sufficient warrant

SEAL.

GIVEN UNDER MY HAND AND SEAL AT ARMS at Hartford, in said Colony, the 20th Day of  
May, A.D. 1775, in the fifteenth year of his Majesty's Reign.

Jonathan Trumbull,

company to sell off the land, and in 1803 he removed to Poland, Mahoning county, Ohio, taking with him all his family, excepting young Jared, who remained with his grandfather.

The boy attended first the district school, and then, from 1807 to 1810, pursued the course of study at the Wallingford and Cheshire academies. He made good progress in the classics and mathematics, and evinced in all departments a high order of intellect, but his scientific tastes took a strong lead, and he was already known as an indefatigable and acute observer of nature. He took up systematically the study of botany, and the beautiful gardens and orchards of Dr. Potter affording ample opportunity, he became skillful in the cultivation of fruits and flowers, and made his first experiments in the art of budding and engrafting for the production of new varieties of fruits, by which he afterward became a public benefactor.

Dr. Potter had an extensive orchard of mulberry trees, *morus alba*, for the rearing of silkworms. (Connecticut was, during the latter part of the eighteenth century, an important silk producing section.) With the co-operation of his cousins Jared managed this silkworm culture, and there made the discovery that the female silk moth, without the male, could produce fertile eggs. This discovery preceded by nearly half a century the experiments and writings of Siebold on parthenogenesis in insects, and Steen's trap which demonstrated it. In 1810 he was obliged to leave the academy by the illness of his father, who sent for him to come to Ohio, and in May of that year he started west on horseback in company with Joshua Stow of Middletown, Connecticut. At Lowville, N. Y., they were joined by Alfred Kelley, who afterward took so important a part in the history of Ohio, and was then coming to Cleveland. This overland journey brought to the active mind of the young naturalist a thousand new subjects of interest in botany, geology, zoölogy and ichthyology, and his observations of them were so acute and original and his enthusiasm so unbounded as to constantly excite the wonder and admiration of his companions. Some of his views and deductions made at this time proved afterward upon mature examination to be correct.

At Buffalo the young naturalist made his first acquaintance

with the fauna of the great fresh water lakes. All the species were new to him and many of them new to science, and he examined and dissected and classified them, laying the foundation for his monograph on the fresh water fishes of the West, which was published years afterward.

Arrived at Poland he devoted a year to teaching school and studying the natural history of the surrounding country. He took special interest in his father's apiary, here beginning the study of bee culture, which he pursued for sixty-five years, becoming a leading authority in that line. It had been the desire of his grandfather, Dr. Potter, to have him study medicine, and when the old gentleman died, in 1811, he bequeathed to Jared his medical library and a sufficient sum of money to attend the medical school of Edinburgh, then very famous.

In order to enter upon the career thus opened to him, he returned to Wallingford and began the study of medicine in the office of Dr. John Andrews, continuing later in that of Dr. Sylvester Wells of Hartford, both of whom had been pupils of his grandfather.

During this first study of the medical sciences he renewed his intimacy with his old schoolmate, Lyman Foot, who was at that time first assistant to Professor Silliman. This gave him great advantages in the study of chemistry, Professor Silliman very kindly allowing and encouraging them in the free use of his apparatus, chemicals, and books. In 1813 he was prepared to enter the medical college of Edinburgh, but the war with Great Britain being in progress prevented his departure. The medical department of Yale having just then been established, he entered there, being the first on the list of thirty-eight matriculants in the first medical class of that institution, and saving to America the honor of his education and development.

While attending medical lectures at Yale he took special courses in botany from Professor Ives, and in mineralogy and geology from Professor Silliman, and also made considerable progress in zoölogy. After a year of such study, too unremitting for even his robust constitution, he was compelled for a time to abandon his books. After a few months spent in the fields and woods, his vigor returned, and he entered the medical



school of the University of Pennsylvania. In 1815 he returned to Yale, graduated in medicine at that institution, married Miss Caroline Atwater of Wallingford, and settled to practice at this, his native town. He practiced there two years and a half, devoting all his spare time to the natural sciences and making discoveries in several departments. In 1818 he came a second time to Ohio, and made arrangements to locate at Poland. On returning to Connecticut for his family, he found that during his absence and against his wishes, he had been elected probate judge. He could not well avoid accepting, and with the aid of a clerk, served the term, when he was led to avail himself of a specially good opening at Durham, Connecticut, took up his residence there, and was engaged in active practice during five years. Here, as before, he assiduously pursued his scientific studies, and as it was one of his principles and habits never to waste time, he accomplished a great amount of study where most men would have considered themselves busy enough without it. In 1823 his wife and one of his two little daughters died, and, prostrated by this sad bereavement, he yielded to the persuasion of his father, who was visiting him at the time, and removed to Ohio, took up his residence at Poland and engaged in agriculture, the practice of medicine and his usual enthusiastic study of all natural objects about him. In 1825 he married Miss Hannah F. Toucey of Newtown, Connecticut. In 1828 Dr. Kirtland was elected to represent Trumbull county in the Ohio Legislature, and was twice re-elected, serving three terms. Here his voice was always heard upon the side of benevolence and the highest good of the public and the individual. He championed the new penitentiary system, securing the adoption of the plan of active labor—better for the convict than the old plan of solitary confinement, and at the same time profitable to the State. He also carried through, against violent opposition, the bill to charter the Ohio & Pennsylvania canal, then of immense importance to the country, though now obsolete. At the close of his third term in the Legislature, Dr. Kirtland devoted himself to his large practice at Poland until 1837, when he received and accepted the chair of Theory and Practice in the Ohio Medical



College at Cincinnati, which position he filled with honor and usefulness till 1842. During the winter of 1841-2 he gave a course of lectures on "Theory and Practice of Medicine and Physical Diagnosis" in the Willoughby Medical School, and in 1843, having resigned his position in Cincinnati, he became one of the founders of Cleveland Medical College, occupying the chair of Theory and Practice till the close of the session of 1864.

In the year 1837, Professor Kirtland was also appointed an assistant on the Geological Survey of Ohio, organized under the direction of Professor W. W. Mather, and spent the summer in making collections in all departments of natural history, intending to make a careful examination and report. The survey was discontinued the second year. In making his collections he had expended a large amount of money from his private purse, and when the legislature suspended the survey and refused to reimburse him, he held on to the collections and ultimately donated them to the Cleveland Academy of Natural History, which was organized in 1845—mainly through his influence in exciting interest in the studies which so interested him. However, a report for the survey, which he had been preparing and which embraced a nearly complete catalogue of the mammals, birds, fishes and mollusks of the State, with brief notes upon the different species and his own original observations, was subsequently published in the second annual report of the survey, and was highly prized among naturalists.\* He had in course of preparation a more detailed description of the zoölogy of the State; and the fishes being found to be the least known of all the groups, he gave them special attention. He made beautiful drawings with his own hands of the various species, and these with the descriptions, forming a complete monograph, were afterward published in the *Boston Journal of the Natural Sciences*, and in the *Family Visitor*, a paper established in 1850, with the object, as he wrote to a friend "to

\*In a letter dated "Cleveland, February 6, 1852," replying to Mr. J. C. Comstock, who was preparing a history of the fishes of the United States, and had sent for a copy of the report, Dr. Kirtland writes, "That synopsis was a premature production forced before the public by demagogues in our legislature before I had time and means to mature it, and I should much prefer to suppress it. . . ."

furnish the people of northern Ohio with a kind of reading better than the light and fictitious matter that is now deluging this section of the country."

The mollusks found in a large number of species in Ohio also attracted his practiced powers of observation, and in the course of his study he discovered the existence of sex among the *Naides*, which had always hitherto been considered hermaphrodite.

He announced this discovery in 1834, in Vol. XXVI of the American Journal of Art and Science, with descriptions of the sexual anatomy and drawings of the shells which also exhibit peculiarities distinguishing the sexes. This announcement created a sensation in the world of naturalists. The translators of the German *Encyclopedia Iconographica* attempted to refute it in the American edition of that work, taking the ground that the form of the shell peculiar to the fertile individual is the result of distension by the enlarged ovaries. Controversy arose and divided the scientists. At a subsequent meeting at Cincinnati of the American Association for the Advancement of Science, Dr. Kirtland read a paper rebutting the attack of the opposition, and exhibited a complete suite of shells, male and female, from the oldest down to the youngest visible, taken from the ovaries as early as the formation of shell was complete. In the discussion which followed the reading of the article, one of the translators attempted to resume his criticisms, but was promptly silenced by Professor Agassiz, who said: "Dr. Kirtland's views are entirely correct and have been sustained by my own and the German naturalists' investigations." Siebold and his translator, Dr. Burnett, Charles Knight's English Cyclopædia, and Isaac Lea likewise sustained his views, which are now universally accepted facts in conchology.

To another of his discoveries he thus alludes in a letter to Professor Agassiz (with whom he was in frequent correspondence) (September 25, '51): "While examining the uniones of the Wallingford river, I discovered a young of the unio complanatus attached to the shell of an old specimen by means of the byssus or silken filament, which I have spoken of to you. This young one, with its filament, I have preserved in alcohol

for you." The letter continues: "My colleague, Professor Ackley, has now in his possession a young wild cat (*lynx rufus*). It is now about four months old, is one-third its full size, apparently as tame and playful as a common domestic cat. At this time it is running at liberty about the medical college and amuses itself playing with the students, disciplining the neighbors' dogs and capturing rats. When in a good-natured mood it manifests it by a loud purring—about as loud and musical as the sound of a spooling wheel in rapid motion."

Some of those students who are now living and readers of these pages will remember Professor Ackley's wild cat.

During the year 1840 he purchased an exhausted farm near Rockport (five miles west of Cleveland), and proceeded to demonstrate upon it the theories of scientific farming which he had long zealously advocated. He was accustomed to farming and gardening from his youth, and wherever he resided had always successfully cultivated the soil. He was now the first to prove that the stiff clay soil derived from the underlying Devonian shales could be made highly productive of fruit, especially the vine, and his success so stimulated others, and his teaching so aided, that the unprofitable and exhausted fallows were transformed into valuable orchards and vineyards. The grounds about his house were a perfect *arboretum*, containing nearly every variety of fruit suitable to this climate, and more exotic trees, shrubs, flowering plants, and garden vegetables than were to be seen at any other private establishment in the State. Some of his varieties of fruits, especially cherries, were found to surpass any of the best varieties yet known, and were cultivated extensively in the United States and in Great Britain and the Continent of Europe.

The farmers of Ohio are under a great debt of gratitude to Dr. Kirtland. He not only studied out and demonstrated many problems in regard to soil and climate, and variety of fruits, which required long and tedious and laborious experiments, but when the problem was solved, the variety established, and the method of its culture perfected, he gave the results gratis; broadcast, seeds, slips and young trees were distributed all over the country. His voluminous correspond-



ence contains many letters declining the money sent for grafts or seeds or bulbs, saying he did not keep a nursery, but enclosing a list of the required articles he was preparing to pack and forward, or instructions to come during a certain month and help themselves to cuttings, seeds, etc. A cotemporary wrote of him that more than half of his arduous labors were for the benefit of the public and bestowed without compensation.

In person, Dr. Kirtland was greatly favored by nature. His frame was above the medium height and of massive mould, much resembling his father, Judge Kirtland of Trumbull county, his robust physique enabling him to perform the severe and continuous work which he put upon it. The portrait which we present our readers is pronounced by those who knew him to be a faithful likeness, and exhibits a noble head which must have attracted attention every where it was seen. A bust of Dr. Kirtland in his sixtieth year was made by the versatile genius, Dr. F. Garlick, (whose work in this line was considered by competent critics to be equal to that of Thorwaldsen). This bust is in the possession of the Historical Society.

In a biographical sketch by Professor J. S. Newberry, read before the National Academy of Science, the value of Professor Kirtland in the community in which he lived and to society at large, is so well depicted that we cannot forbear quoting at length :

"His rare and special personal gifts and his great scientific acquirements formed a contribution to the rapidly developing civilization of the West, of which the value cannot be over-estimated. Society then was in its most vigorous, progressive, and yet impressionable, stage, and in this society the influence of Dr. Kirtland was felt as an inspiration and a guidance, not alone throughout the community that immediately surrounded him, but over counties and states. There is no question that this change (from Connecticut) was a sacrifice of his personal scientific reputation. Had he remained at the East, the scope of his studies would have been focused on fewer subjects, and he would perhaps have become a specialist, and have left behind him an important monograph to individualize and perpetuate his fame among men. Instead of this, he became the teacher of thousands, of doctors, and farmers, and florists, and horticulturists, and naturalists ; teaching all of them things of which they would have been ignorant but for him—things that made them better doctors, better farmers, better naturalists and better



men! It is a good thing to be an original investigator, and to write learned treatises on abstract scientific subjects; but it is a far better thing to inspire a generation of investigators and teachers, many of whom will write monographs; and all will, in virtue of their inspiration, be careful and thoughtful observers of nature, learning her secrets and using them to beautify and bless their own and others' lives.

"With a personal magnetism that was felt by all who approached him, and to almost all was irresistible, Professor Kirtland communicated to others the enthusiasm and zeal with which he was inspired. The man who came to him with the solid contempt for book-learning and with no sense of the beautiful as distinct from the profitable, left him with higher views and nobler impulses. With an art beyond all art, because it was nature, the clod, the miser, the brute were lured out of themselves and brought to see the world through the eyes of this magician. With some, perhaps, his influence was temporary, but with most it was lasting, and with all elevating and happyfying. Few men came within the sphere of his enthusiasm, witnessed his reckless activity, his thirst for and enjoyment of knowledge, his careful economy of time, his insight into the mysteries of nature, who saw him surrounded with the beautiful things which he had created from materials within the reach of all—the flowers blooming for him as for no other, the fruits blending for him their fairest forms and richest flavors, the very *weeds* and *stones* becoming eloquent and poetical at his beck—could ever go away and look at life and nature with the same eyes as before."

Early in his boyhood Kirtland began the practice of taxidermy and became very expert, otherwise he never could have found time to prepare such a large number of beautiful specimens of the art. The greater part of the ornithological collections of the "Cleveland Academy of Natural Sciences" was the work of his hand. He also made numerous contributions to other societies and museums in this country, and also furnished the British museum with several specimens of birds not before possessed by that institution, receiving therefor a vote of thanks from the curators.

In nearly every medical class which he taught, there were a number of students who became enthusiastic over taxidermy, and formed private classes for instruction in the art, and some of those pupils are now among the most skillful taxidermists in the country, zealous collectors and students of natural history, and some of them have won distinction as original investigators in natural science.

Professor Newberry states an incident of a visit to the Kirt-

land farm, which well illustrates "the fascination he exerted upon the youth of both sexes who came within the magic circle that surrounded him." "In showing me his treasures and novelties, he called me into one of the several smaller buildings which were attached to his residence, and here I found a room, the walls of which were lined with shelves, and on these thickly set a great number of stuffed birds, still wrapped or tied, showing that they were freshly prepared. On my expressing surprise and admiration at his industry, he disclaimed all credit for the work, and told me it had been done by six young ladies who had formed a volunteer class, to whom he had given lessons, and who had walked twice a week from one to two and a half miles during the summer, to practice taxidermy under his supervision."

He was accustomed, whenever his time allowed, to labor with his own hands about the grounds, dressed in the garb best suited to the work in hand. It is related that one day while thus engaged delving in the soil, a couple of gentlemen drove up in a carriage, called the laborer and asked him to hold the horses while they went into the house. This he obligingly did. The gentlemen were distinguished savants from a distance who had come to visit the "Sage of Rockport." On entering the house and enquiring if that personage was at home, they were informed that he was out in the road holding the horses.

Dr. Kirtland was an earnest advocate of hygienic living. In his medical lectures there are repeated digressions upon this subject, as well as entire lectures devoted to it, and in his medical advice by correspondence, there is always as much or more said about diet, air, bathing, occupation, surroundings, etc., than about drug treatment. Not that drugs were undervalued or ignored. He medicated rationally and thoroughly. He was well read in medicine, and, besides, was a constant original observer. It is to be regretted, perhaps, that such powers as his had not centered on medical subjects alone. It is certain that very important results would have been achieved. There is evidence everywhere in the lectures which have been preserved, that he was not only thoroughly posted on the theory and practice of medicine, as the science and art stood in his day, but was on many points far in advance of his day and gen-

eration. As an instance of the latter fact, we will cite that in the note-book of a student who attended lectures in the winter of 1856-57, we find that Professor Kirtland thought and taught that *phthisis is contagious*.

He had ideas of his own on the "epidemic constitution," which we may at some future time present to our readers; and numerous observations upon the nature and habits of diseases and the action of remedies which were not found in the books.

As gynecologists are now very numerous and zealous, we will give an instance that will interest them. Dr. Kirtland believed that the excessive use of coffee produced catarrh of the female genital tract as one of its effects. Not that there were no other causes of leucorrhœa, but that it was sometimes the effect of coffee. His lectures, which were very systematic and prepared with great care and diligent study, were frequently illustrated with cases which had come under his own observation, after the manner of the authors of that time.

We are tempted to introduce a story which he told. Under some remarks on fullness of form, which he says "may occur from local enlargement of some portion of the abdomen, as the liver, spleen or urinary bladder, a female was attended during labor by an empiric who had exchanged the calling of *dancing master* for that of midwife, surgeon, physician and vender of Brandin Anti-Rheumatic salve. In a day or two after her confinement she was attacked with violent symptoms which he pronounced puerperal fever. The case ran rapidly to such extremes that he gave it up as fatal. My first preceptor was called in, and on making investigation, he discovered the lower portion of the abdomen greatly distended from an accumulation of urine. This he drew off with a catheter. The puerperal fever ceased to be, and the woman soon recovered."

His principles of hygiene dealt not only with the body, but with the mind—the means of keeping the mental faculties in the best condition for work. One of his favorite themes was against day-dreaming, particularly of the kind which adolescents of both sexes are prone to indulge in over love stories. This he held to be especially debilitating and enervating to the mind,



and through the mind to the body. He even went so far as to decry all fiction and light reading, but his grandson tells us that once upon a time, in an unguarded moment, the old gentleman's eyes glanced over the opening lines of one of the Waverly tales. Alas, the enchantment of the prince of novelists fell over him, and he read on and on and on, enthralled to the last line. Mark Twain's 'Innocents Abroad' likewise debauched the old stoic.

As a writer, he was ready and easy, and his flowing style is very pleasing. His correspondence was voluminous, and he methodically kept copies of it all with a letter press.

Dr. Kirtland received during his life many marks of appreciation and esteem from his countrymen and from foreign lands. The Cleveland Academy of Sciences, organized in 1845, made him its president, and kept him in that office until 1865, when it further honored him by reorganizing and changing its name to that of Kirtland Society of Natural History. He was a member and once president of the State Medical Society; member and officer of several societies of agriculturists and fruit growers; corresponding member of foreign societies, constant and valued correspondent of Agassiz, and of Professor Henry and Professor Baird of the Smithsonian Institution. He was the life-long friend and correspondent of Hon. Marshall P. Wilder, who, upon his death, wrote a glowing tribute to his services in the cause of agricultural science. In 1861 William's College conferred upon him the degree of Doctor of Laws.

During the Rebellion he offered his services to the governor, and for several months examined recruits at Columbus and Cleveland. His salary as examining surgeon he donated to the Bounty Fund, and to the Soldier's Aid Society of Northern Ohio.

He died December 10, 1877. His physical health had been gradually failing for years, but he retained his remarkable mental activity, his memory and his special senses until the last. His second wife died some years before him. He was survived by his only child that reached maturity, a daughter by his first wife. This lady became the wife of Mr. Chas. Pease, and they



now, together with their children and grandchildren, occupy the homestead near Rockport.

Now, after all that has been said in regard to him, one who knew him well and intimately, wrote what he considered to be "the most attractive and delightful feature in Dr. Kirtland's character. This was his universal and unextinguishable cheerfulness, the result of an enthusiasm in the pursuit of knowledge and an enjoyment of nature, which kept him fresh and green and youthful to the very last. Sorrow and bereavement came to him as to all, but these were received with Christian resignation, and they neither soured his feelings nor chilled his interest in men or things. This constituted his greatest charm to others, and the most fruitful source of happiness to himself."

Another able biographer wrote of him, "His eminent success in the field of science is attributable to his untiring industry and his inextinguishable thirst for knowledge."

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### KOCH'S CURE FOR CONSUMPTION.

Dr. Koch still declines to make any statement as to the origin and preparation of his remedy, but states that doctors wishing to make investigations with it can obtain it from Dr. A. Libbertz, Lueneburger Strasse 28, Berlin, N. W.

The remedy is a brownish, transparent liquid, which does not require special care to prevent decomposition. For use this liquid must be more or less diluted and injected hypodermically. An injection of 0.25 cubic centimetre made in the upper arm of a healthy individual was followed by the following symptoms: Three to four hours after the injection there came on pain in the limbs, fatigue, inclination to cough, difficulty of breathing, which speedily increased in the fifth hour, and were unusually violent. A chill followed, which lasted almost an hour. At the same time there were nausea, vomiting, and a rise of body temperature to 39.6 degrees C. After twelve hours all these symptoms abated, the temperature fell, and on the next day it was normal. A feeling of fatigue and pain in the limbs continued for a few days, and for exactly the same period of time the site of injection remained slightly

painful and red. A dose of 0.01 cubic centimetre is said not to be followed by any symptoms in the healthy adult, but reacts very severely both locally and generally upon an individual affected with *tuberculosis*. The newspapers report several deaths attributed directly to the use of the remedy.

Dr. Koch claims that by the reaction of the individual to this remedy we can positively diagnose doubtful cases of *tuberculosis* when it is impossible to do so by physical signs or the examination for tubercle bacilli.

Therapeutically, he says the remedy does not kill tubercle bacilli, but the tuberculous tissue. It can influence living tuberculous tissue only and has no effect on dead tissue, as for instance, necrotic, cheesy masses, necrotic bones, etc., nor has it any effect on tissues made necrotic by the remedy itself.

Thus it will be seen that the remedy, if capable of performing all that is claimed for it by Dr. Koch, must be one with many limitations. And we believe that it is only claimed to be of value in cases of lupus, tuberculous joints and glands which, after the tissue has under gone necrosis, may be removed by surgical interference; and in the incipient stages of phthisis before inflammatory deposits and cavities are formed. It will be seen that all these forms of tubercular diseases are already amenable to hygienic, medicinal and surgical treatment, and it remains to be seen whether Koch's treatment will prove any more valuable than those we already possess.

It is estimated that there are over two hundred thousand sufferers from consumption in this country hopefully looking for some cure, or patiently waiting for death. Even though the most extravagant claims of Dr. Koch are realized, this vast army of sufferers have but little to expect from this treatment.

The most that we can hope for is that, perhaps, a more efficient preventive has been discovered for those who are susceptible or exposed to the disease. But reasoning from all past experience in the prevention of disease by inoculation, the analogy here fails, because *tuberculosis* is not like small-pox, a self-limiting disease, and one attack does not give immunity for the future, and even though it prove effectual, relapses will probably be the rule, and we have already been informed by

the newspapers that cases suffering from lupus presumably cured have returned with new outbreaks of the disease.

Having in mind the gas cure of consumption, the hot-air cure for consumption, and the scores of cures for consumption which are brought to the attention of the profession perennially, we should wait patiently until we know what this cure is, and what it will, and will not accomplish, before accepting or rejecting the proposed remedy. We should occupy the position of true scientists, willing to accept any fact when proven, no matter how much opposed to our preconceived theories, but always accepting theories not proven with great hesitation. It will be well to keep in mind the recent *Elixir sensation*, and not let us be carried away from our good common sense by glowing newspaper accounts of alleged cures, and confine ourselves to strictly scientific investigation such as becomes a learned profession.

The editors of the GAZETTE temporarily made some enemies, and were subjected to not a little abuse, because they declined to publish several hastily prepared articles, and especially glowing reports of cases of wonderful cures effected by the injection of Brown-Sequard's Elixir. We think these same gentlemen are now grateful to us for not publishing their papers.

We shall be pleased to receive contributions on this subject, but it will be well to keep in mind that Dr. Koch has not yet demonstrated his methods and claims, and that before to-day great promises bearing the impress of eminent names have sometimes fallen far short of fulfillment.

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## PROPOSED AMENDMENT TO THE CONSTITUTION OF THE OHIO STATE MEDICAL SOCIETY.

We have had occasion in a previous number of the GAZETTE to call attention to this subject. We are pleased to note that many of the County Societies throughout the State have favorably received this amendment, proposing to make members of the local societies members in fact as well as in name. After carefully investigating the working of this plan in other states,



we are convinced that it will prove entirely satisfactory in this. There is not much inducement for the busy practitioner to take time to prepare a paper and leave his practice to attend a meeting at which there are only about one hundred present, and this number made up largely of the local physicians, who pay only flying visits to the sessions, so that he is obliged to read his paper to empty seats, and have it buried in a volume of transactions, of which only four or five hundred are published. It is to be hoped that every member of the State Society, who has its welfare at heart, and who wishes to see the interests of scientific medicine promoted, will take a personal interest in this matter, and will be present at the next meeting, prepared to work and vote for the passage of this amendment. We are informed that there will be an obstinate effort made to defeat it by a few medical politicians and old fogies, mostly men who do not belong to local societies, some of whom have been expelled for unprofessional conduct.

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#### FRANCOIS O. NODINE.

As we go to press we are pained to hear of the death of Dr. Nodine, who died at sea on the steamer *La Bourgoyne*, from Havre, which arrived in New York November 24. Dr. Nodine was unmarried, thirty-five years old, and was born at Meadville, where his parents still live.

Dr. Nodine graduated from the Medical Department of Wooster University in 1880. The following year he spent in the hospitals in New York city. In 1881 he returned to Cleveland, and for three years was associated with Dr. D. B. Smith. For about two years he was Professor of Diseases of the Eye and Ear in the Medical Department of Wooster University.

Early last winter he fell a victim to "la grippe" and never fully recovered from that attack. Last August he sailed for Europe and located at Dovas Platz in Switzerland, with the hopes of regaining his health.

In manner, Dr. Nodine was most affable, and of fine personal appearance. He was of a genial, social, sunny disposition and always mingled with the very best society.



## ANTIPYRIN IN WHOOPING COUGH.

"Antipyrin is said to be almost a specific in whooping cough; if so, it will replace sulphurous acid fumigation, which may also be said to be specific, but troublesome of application." — *Medical Summary*, quoted by the *Journal of Materia Medica*.

One could gather from a month's exchanges a dozen such paragraphs which continue to drift around, clipped, copied and circulated, sometimes long after their enthusiastic originators have changed their minds and gone off after some other new wonder in therapeutics. We are pleased to note in that best of year-books, 'Annual of the Universal Medical Sciences,' a statement which better accords with our own experience. It is found in the article on "Pertussis," by J. Lewis Smith and Frederick M. Warner, and we recommend it for the perusal of paragraphers as well as practitioners. "It is very interesting to note the change which has taken place during the past year in the treatment of whooping cough. Then antipyrin was heralded as almost a specific; later experimentation over a wider field has proved its inefficacy, and antiseptic inhalations, and a return to the old belladonna treatment are now advocated."

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Dr. Edward Prebbles, who has been associated with Dr. L. Duncan Buckley of New York, for a number of years, has accepted the chair of disease of the skin in the Medical Department in the Wooster University, and expects to make his home in this city.

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## AMONG OUR EXCHANGES.

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An interesting case is reported by Dr. A. GRIMM of Cincinnati, Ohio,<sup>1</sup> which is suggestive as throwing light upon a possible ætiology of certain obscure cases of *masturbation in childhood*. A female child not quite eleven months old, had been for three months addicted to masturbation, the attacks occurring

<sup>1</sup>Lancet-Clinic, Sept. 13, '90.

from five to ten times a day, but never during sleep. Pin worms were excluded, and as there were no local symptoms calling attention to the rectum or bowels, the case was considered due to vaginal hyperæsthesia, and treated with bromides internally, and a cocaine salve locally, with but slight improvement. While examining the genitalia an induration was noticed about the anal region, and on forcibly opening the anus several linear fissures were discovered just within the sphincter. The sphincter was divided, and an iodoform tampon introduced into the rectum daily. The ulcers healed in two weeks, and masturbation was no longer indulged in. Soon after, the child contracted chicken pox. The eruption was abundant, involving the mucous membrane of the mouth and pharynx, as well as the skin. As the disease subsided the patient resumed the practice of masturbation. Examination of the anus showed a new crop of fissures. The sphincter was again divided; the same after-treatment adopted, and, with the healing of the ulcers masturbation ceased as before.

A wholly new method of *delivering the fetal head* is advocated by DR. BENJAMIN T. SHIMWELL, in a paper read before the Philadelphia Co. Medical Society,<sup>2</sup> the object of which is to prevent ruptures of the pelvic floor with the untoward consequences resulting therefrom. When labor has reached the stage where the descending head impinges on the perineum and begins to protrude through the vulva, the patient is placed across the bed on her back with her knees well drawn up, and is directed to breathe with her mouth open in order to prevent bearing down. The operator then forces the foetal head into extreme flexion by grasping the presenting occiput with the hand; then he rotates the head till its cervico-frontal diameter lies in the transverse diameter of the pelvis, the neck of the foetus lying on the left labia, and the forehead engaging the tissues of the right labia. Having got the head into this position the operator performs extension, the soft tissues of the labia push aside, and delivery follows, without the forehead, nose and chin plowing through the pelvic floor. It is a method which it is well to bear in mind, and, it will doubtless be found that

<sup>2</sup>Times and Register, Nov. 1, '90.

it can be advantageously used in certain cases; but it should be always borne in mind also, that the after-coming shoulder is responsible for the rupture of the perineum almost, if not fully as much as the head; that in cases where the head has only made a slight tear, the shoulder, owing to its shape and the force with which it is usually expelled, may plow through to the sphincter or even into the rectum. This latter factor, it would seem, is too much overlooked by those who are studying methods of preventing ruptures of the perineum.

The incandescent light has placed in the hands of the profession a convenient method of securing the anodyne effects of radiant heat by applying it to limited areas. DR. STEIN of Moscow, Russia, has devised a funnel-shaped reflector<sup>3</sup> furnished with a suitable handle and with a small incandescent light (three or four volts) fixed in the apex. The reflector is applied directly to the painful area for a period varying from ten seconds to five minutes, or even longer, until the patient begins to complain of the intense heat. *Inter-costal neuralgias*, *lumbagos*, *rheumatic pains*, etc., were very much relieved or permanently cured by a few sittings. The inventor, it is true, attributes the anodyne effect to the electricity, but as the current is confined to the lamp, and the anodyne effects of radiant heat are only too well known, the good result is more probably due to the latter. In certain *neuralgias* of the *cardiac* or *ovarian* types where opium is not well borne, DR. ZINA PITCHER of Detroit, Michigan, has found the fluid extract of *piscidia erythrina*, more commonly known as Jamaica dogwood, of peculiar efficacy; thus confirming the observations of DR. WILLIAM HAMILTON, who first called the attention of the profession to the drug in 1844. As to its anodyne properties. DR. PITCHER also finds it valuable in certain cases of *bowel trouble* characterized by pain, nervousness and the retention of indigestible matters. Likewise in *cystitis* it seems to control the tension and the severe burning pain very promptly. Unlike opium, it does not constipate the bowels. The dose is from five to ten drops of the fluid extract, repeated about every three

<sup>3</sup>Brit. Med. Jour.



hours. Symptoms of over-dose are feeble pulse, cold skin, inability to swallow, and a bluish tinge of the face, lips and finger-tips. A dose of eight drops repeated in three hours produced such symptoms in one case. The late DR. A. C. MILLER of this city, was in the habit of using the drug in similar conditions to those mentioned above, and with happy effect. DR. WM. MURRELL of Westminster Hospital, London, England, has been for sometime using picrotoxin<sup>4</sup> in doses of  $\frac{1}{60}$  of a grain as a remedy for the *night sweats of phthisis*. He finds it more satisfactory than any other remedy he has yet used. It stops the sweating as effectually as does atropine, without causing dryness of the mouth or uncomfortable dryness of the skin. It is moreover a stimulant to the respiratory center. Usually a single dose is given at bedtime, though in severe cases it is best to repeat the dose after an interval of three hours. As a rule there is but little improvement the first night, on the second the perspiration is markedly less, on the third or fourth night it practically ceases. The sweating usually returns in from ten days to a fortnight, when the drug has to be used again for a few days. DR. MURRELL'S conclusions are drawn from an experience of hundreds of cases where the drug was used. He attributes its anhidrotic action to its stimulant effect on the respiratory center.

In an article on the therapeutic uses of sulpho-carbolate of zinc, DR. WM. BLAIR STEWART<sup>5</sup> very strongly advocates its use as an intestinal antiseptic in *typhoid fever*, giving as his proof of its efficacy the experience of several other observers as well as his own. By giving three grains every two or three hours in a little water diarrhoea was checked, stools lost their odor and became normal, tympanites was relieved, the stomach became quiet, and the temperature fell from one to one and one-half degrees, and delirium and stupor subsided. He recommends to begin early in the disease with the remedy, and to use it persistently in doses sufficient to render the alimentary tract as nearly antiseptic as possible. He prefers to use the drug combined with bismuth and pepsin, as he finds the com-

<sup>4</sup>Med. Bulletin. Nov., 1890.

<sup>5</sup>Times and Register, Oct. 25, 1890.



bination of the three a much more active and reliable prescription than either of the ingredients used singly, or two together. The usual dose of the sulpho-carbolate is from one-half to two grains. That there are some serious objections to the use of cocaine in genito-urinary surgery, is very strongly put by DR. JOSEPH B. BISSELL of New York city.<sup>6</sup> He had noticed that in about one-quarter of the cases where he operated with the Otis urethrotome under cocaine anæsthesia, one or more pieces of mucous membrane were found caught in the instrument on its withdrawal. In some cases the pieces were of considerable size, while under ether anæsthesia this accident did not occur. Examination through the endoscope, of healthy urethræ anæsthetized with cocaine, showed that the mucous membrane was blue and congested and pouted into the opening of the tube. It was this pouting of the membrane between the bars of the urethrotome that caused it to be caught and torn off when the instrument was closed to the degree necessary to permit its withdrawal. This condition was worse in pathological urethræ than in normal ones. This tearing off of the mucous membrane is likely to lead to serious future results, in the form of stricture or permanent contraction of the penis. He also finds that bleeding during the first night is more likely to occur after cocaine anæsthesia than after ether or chloroform; and, while this may not be of much importance where the patient is in a hospital with competent attendants in charge, it may become a very serious matter when the care of a patient must perforce be left in the hands of a lay friend.

A case of *acute tonsillitis* in a patient who was subjected to such attacks, and which was promptly aborted by the use of Norwood's tincture of *veratrum viride*, is reported by DR. W. WASHBURN of New York city.<sup>7</sup> During the day the patient was given five drops of the tincture at intervals of three hours, till three doses were taken, and fifteen grains of Dover's powder were given at bed time. By morning there was no soreness of the tonsils remaining, but the patient had taken two more doses of the *veratrum* before the doctor saw her. The

<sup>6</sup> Med. Rec., Nov. 1, '90.

<sup>7</sup> Med. Rec., Oct. 18, '90.

pulse being weak and the patient complaining of faintness, she was ordered to keep her bed during the day and given one-eighth of a grain of morphine every three hours with a little stimulant. The faintness soon disappeared, and the tonsillitis caused no further trouble.

Vesication over the vagus is regarded by DR. ALEXANDER HARKIN<sup>8</sup> as the most efficacious of all remedial measures in *cholera*, which he holds, as did DR. HENRY MACCORMAC as long ago as 1834, to be a neurosis, a disease of the sympathetic nervous system. The treatment was tested by himself and others in the cholera epidemic in Malta in 1877, and his testimony is that "its effect is instantaneous; the purging and the vomiting and the cramps cease; the patient generally falls asleep and awakes cured. The testimony of others, while admitting what is of course true of any treatment, that there are cases wherein it fails, is to the effect that "in many cases it acted like magic." While we are, owing to the improvements in general sanitation, less and less likely to have an epidemic of Asiatic cholera, it is an expedient which may prove of value in those severe cases of cholera morbus which we sometimes meet, and it is well, therefore, to bear it in mind.

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## NEW BOOKS.

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'MEDICAL DIAGNOSIS,' by. J. M. Da Costa, M. D., LL.D. J. B. Lippincott & Co., Philadelphia, Pa. For sale by Garfield, Cleveland, O.

In presenting the revised seventh edition of his excellent treatises on 'Medical Diagnosis,' Dr. Da Costa has conferred upon the profession, and more especially upon students, a lasting benefit. The work contains much not found in former editions, and while sufficient in detail to call attention to the careful discriminations necessary in determining disease, and the varied complications involving many cases, it is not so elaborate as to confuse the student or be useless to the practitioner. The name of the author is sufficient guarantee of the intrinsic merit of the book. It belongs among the most valuable additions to

<sup>8</sup>Dublin Journ. Med. Sciences, March, '90.

our professional literature, and should be in every physician's library and on every student's desk.

The volume issues from the house of J. B. Lippincott & Co., London and Philadelphia, and adds much to their enviable reputation as publishers of the best medical works.

It is a pleasure to commend this effort of Doctor Da Costa, as well as the house from which it issues, and we are sure it is none the less a service to the medical profession.

### PAMPHLETS.

[In most cases, anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose postage stamp and a mention of the GAZETTE.]

1. The Climatic Cause of Consumption, with tables and diagrams, by Henry B. Baker, M. D., Lansing, Mich.
2. Report on Practice of Medicine, by William B. Canfield, M. D., Baltimore, Md.
3. Early Detection of Consumption, by the same author.
4. Scientific Collective Investigation of Disease, by Henry M. Baker, M. D., Lansing, Mich.
5. The Use of *Rhus Toxicodendron*, by John Aulde, M. D., Philadelphia, Pa.
6. Typhoid Fever, by V. W. Gayle, M. D., Kansas City, Mo., late physician to Harlem Asylum, late surgeon to Novassa, Island, W. I.
7. On the Clinical Use and Physiological Action of Bromo Caffiene, by John W. Fahr, M. D.
8. Alcoholic Hallucination, by Frederick W. Mann, M. D., Detroit, Mich.
9. Malaria and the Causation of Periodic Fever, by Henry B. Baker, M. D., Lansing, Mich.
10. Remarks on Hypertrophy and Atrophy of Tissue, by G. Frank Lydston, M. D., Chicago, Ill.
11. Coca at Home and Abroad, by Dr. H. H. Rusby, New York.
12. Erythroxyton Coca; Its Value as a Medicament, by Marc Laffont, M. D., of Paris, Professor of Physiology at the Faculty of Lille, France.
13. Arsenite of Copper; The Results of Collective Investigation, by John Aulde, M. D., Philadelphia, Pa.
14. Constitutional Treatment of Caries and Necrosis, by Hal. C. Wyman, M. D., Detroit, Mich., Professor of Physiology and Histology in the Michigan College of Medicine, member of the Michigan Medical Society, American Medical Association, etc.
15. The New Treatment of Peritonitis by Emory Lauphear, M. D., Kansas City, Mo.
16. The Four Commencements; Valedictory address to the graduates, delivered at the close of the fifty-third session of the Medical Department of the University of Louisville, Ky., July 28, 1890, by J. M. Bodner, M. D., Professor of Anatomy and Dean of the Faculty.

## NOTES AND COMMENTS.

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*Rev. Dr. Hiram C. Haydn* has resigned the presidency of the Western Reserve University, and his place has been filled by Professor Thwing, late of Minneapolis, Minn.

*Dr. J. B. Walker.* We are pleased to see the doctor on the street again, having fully recovered from his recent attack of typhoid fever.

*Pruritus Vulvae* has been successfully treated, according to Dr. Anna C. Hardy (The Clinique), by application of peroxide of hydrogen applied in full strength.

*Index to Vol. V.* It will be observed that we have enclosed the index of Vol. V. in this number. It has been inserted in such a manner that it can be readily detached when necessary for binding the volume.

*Dr. H. W. Rogers*, Professor of Diseases of Children, of Medical Department of Wooster University, was married on October 23, to Miss Nell S. Corbein of East Aurora, New York.

*Cleveland Medical College.*—We are pleased to note that the announcement of the new medical college, recently founded in this city by the outgoing faction of the Homeopathic Hospital College, has discarded all sectarian designations. We regret, however, that they have selected this name, as the graduates of this new institution will be confounded with the graduates of the old Cleveland Medical College, which did a noble work for medical education in this city for so many years.

*Saving the cutting edge of sterilized instruments* by boiling in a solution of carbonate of soda is brought to notice again by a letter from Dr. J. S. Miller to *Medical and Surgical Reporter*. He alludes to the practice at Professor Von Bergmann's clinic, as follows: "To render instruments perfectly aseptic, and to preserve the cutting edges from oxidation, they are boiled for five minutes in a one per cent. solution of carbonate of soda. They can remain in this solution indefinitely without rusting or dulling the cutting edge. When required for operation they are taken out, dried with a sterilized piece of gauze, and handed to the operator. Whenever in course of the operation, they come in contact with anything not aseptic, all that is required to re-



sterilize them is to dip them for a few seconds into the boiling solution of sodium bicarbonate."

Is it the carbonate or the bicarbonate? We remember seeing a statement that instruments once boiled in a solution of carbonate of potassium would never rust afterward. Who of our readers has had any experience with this? And what would be the effect of repeated boilings for disinfection, upon the temper of steel instruments? :

*An improved hypodermic syringe* is described by Dr. Jno. J. Thomas (*Med. and Surg. Reporter*). It is made by attaching the rubber bulb of an ordinary dropping tube to the screw end of an ordinary hypodermic needle. The water can be measured, first by compressing the bulb and allowing it to fill, then ejecting into a spoon and dissolving the tablet. The solution is then drawn into the bulb again, the needle inserted and the injection delivered by compressing the bulb. As is readily seen, there is no glass to break, no plunger to dry up, no washer to get lost, and the apparatus only costs fifty-five cents, instead of several dollars. Perhaps that is why some instrument maker has not already put it on the market. It certainly works as well as the kind now commonly in use.

*The favorite prescription of Mr. Jonathan Hutchinson for psoriasis* (*Archives of Surgery*) is :

R Acid chrysophanic,	-	-	gr. x.
Liquor carbonis detergt.,	-	-	m. x.
Hydrargrium Ammon. chlorid.,	-	-	gr. x.
Adeps benzoat,	-	-	3 i.
Ft. Unguentum.			

At night the patient should wash the diseased surfaces free from all scales; then standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases seen a weaker ointment is entirely efficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.

*Moribund Delivery.*—Dr. B. C. Hirst, (*Medical News*) describes the case of a dying woman in the last stage of gestation in which he advised the physician in charge of the case to dilate the cervical canal with his fingers, insert his hand and turn, followed by immediate extraction, surmising, as it proved, that the tissues of the dying woman could offer no resistance to these manœuvres. The child was born in less than five minutes. Where this procedure is at all possible, he believes it should be pre-

ferred to *post-mortem* Cæsarean section. By waiting for the mother's death one may lose the infant as well; the *post-mortem* section is a disfiguring and bloody operation, which would horrify the friends of the patient, and for which their consent could not always be obtained, and finally the alarming suspicion is entertained by the bystanders, if not by the physician, that the woman might not have been dead, but was killed by the operation. On the other hand, version and extraction are as quickly done as section. The child is rescued while it is still in good condition; there is nothing repulsive about the operation to the bystanders, and death is not hastened by it.—*Medical Standard*.

*A \$200,000 Libel Suit.*—Suit has been entered by William Radam, manufacturer of Radam's Microbe Killer, against the *Druggist's Circular*, of New York, for \$200,000 damages, the largest amount so far as heard from, that was ever asked for in a libel suit of this kind.

The pleadings show that the action is brought to recover damages claimed to have been done the business of the plaintiff by an article published in the *Druggist's Circular* for September, 1889. This article gave the result of an analysis of the Microbe Killer made by Dr. R. G. Eccles, a prominent chemist of Brooklyn, who stated that an identical preparation could be made by the following formula :

Oil of vitrol (impure),	-	-	4 drams.
Muriatic acid (impure),	-	-	1 dram.
Red wine, about	-	-	1 ounce.
Well or spring water,	-	-	1 gallon.

This mixture, it was alleged, could be made at a cost of less than five cents per gallon for which Radam charged three dollars.

It was further alleged that, while when properly used, sulphuric acid, the principal constituent of the Microbe Killer, was a valuable medicine, it was, when taken without due caution or advice, a slow but certain cumulative poison; and the theories advanced by Radam as to the causes of diseases and the proper method of treatment, were alleged to be totally erroneous. Colonel Robert G. Ingersoll, the famous lecturer, is the counsel for the plaintiff.

The *Druggist's Circular*, which is published at 72 William street, New York, expresses a desire to hear of any case in which unfavorable results have followed the administration of the Microbe Killer, or of any other fact that would be interesting under the circumstances. They claim to have published this analysis without malice, and with the sole intention of protecting the public from the loss of their health and money by the use of a dangerous nostrum.

*Why doctors should dispense their own medicines* is a subject we have discussed from time to time, and long since proved the advantage of the plan. We are pleased to subjoin a portion of an article from Dr. W. H. Ingraham to "The Dixie Doctor," in which he presents some of the reasons why the practice should become more general among physicians: "In the first place, a doctor to dispense his own drugs should possess a sufficient amount of skill and learning regarding their manipulation and manufacture, and this would stimulate him with a proper appreciation and method of inquiry as to their general chemical and physical properties, their affinities, reactions, solubilities, etc., all of which is of great importance from a physiological standpoint as well. Doctors who furnish medicines, almost, as an invariable rule, inspire their patients with greater confidence as to their skill and ability; besides, you will find some people who do not want to risk any one else in putting up their medicines. You run a risk of having something else substituted. This is no reflection on the pharmacists, as a class, but there are some who would do this, and you do not always know who will fill your prescription. Nearly every State has a law regulating the sale and dispensing of medicines, but it is openly and hopelessly ignored, and anybody 'dishes out' medicine who feels so disposed. If your patient takes a prescription to a drug store, the bottle is more than apt to be wrapped up in a patent medicine circular, recommending some humbug for the same thing for which your prescription was intended. Another thing not to be lost sight of is a handsome little profit to be made on the drugs thus furnished. Of course, in some cases you might not want to furnish the medicine at all, and it would also be bad policy to supply all the 'devil's poor' who would thus annoy you, but if you select your own cases it will always pay profitably. No doubt that a large share of the homœopathist's success is due to the fact that he furnishes his own medicines. You should also remember that it does not pay a physician to teach his patients medicine. He receives no thanks or money for his learning and trouble; take a practical case by way of illustration: Suppose you have a patient who has a cough and you write a prescription for something that you have found to be very excellent, and it cures him; do you think he will come to you again if he has another attack? If so, you are mistaken—he has your remedy, and more than this, he'll give it to all his neighbors, and the first thing you know the druggist has it and dispenses it for his own whenever an opportunity affords. It is hardly necessary to continue further the discussion of this subject, but it is hoped



by one who has watched the workings of this method very closely, that these few practical hints may take root and grow and benefit that much abused and imposed-upon class—the physicians—who have to do so much for so little.”

*Immigrant Dermatoses* receives the attention of Professor James C. White in a recent exchange (*Journal Cutaneous and Venereal Diseases*, October, 1890). He considers the direct effects of the voyage, new impressions of agencies operating upon the skin after arrival, to which they have never been exposed at home. Imported affections—as scabies, Tinea Favosa, Lupus, Leprosy, Melanosis Lenticulosis Progressiva, and Prurigo. He holds that unless some more stringent laws are made to keep out of our country the pauper and dirty populations of Europe, the direct importation of the diseases we have been considering, and those which may arise as well, from the filthy habits they bring with them and transmit to their children, must follow with increasing magnitude. He concludes that the government should be memorialized with regard to the establishment and execution of the following measures:

1. To cleanse all immigrants of animal parasites on landing, by treatment of person and clothing.
2. To retain in quarantine all immigrants with other contagious diseases, including venereal affections, a sufficient time for treatment.
3. To return to their homes all persons affected with such contagious diseases as it is impractical to treat in such way, as leprosy, tuberculosis and advanced syphilis.
4. To provide efficient medical inspection at foreign ports of immigration, with the power of arresting importation of dangerous diseases to this country.

*Sir Morrell Mackenzie* concludes an article in the *New Review* on smoking, with a little practical advice. A person should never smoke, he says, except after a substantial meal, and if he is a singer or speaker only after, and not before using his voice. Let him smoke a mild cigar or a long stemmed pipe charged with some cool smoking tobacco. If he will smoke a cigarette, let it be smoked through a mouth-piece which is kept clean with the ultra-Mohammedan strictness. Let him refrain from smoking pipe, cigar or cigarette to the bitter, and it may be added, rank and oily end. Let the singer who wishes to keep in the perfect way refrain from inhaling the smoke, and let him take it as an axiom, that the man in whom tobacco increases the flow of saliva to any marked degree is not intended by nature to smoke if he is strictly moderate in indulgence.



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**Cleveland Medical Gazette.**

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*VOL. VI.*

*DECEMBER, 1890.*

*No. 2.*

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**ORIGINAL ARTICLES.**

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**THE ANATOMIE OF THE BODIE OF MAN, BY  
THOMAS VICARY.**

BY H. E. HANDERSON, M. D., CLEVELAND, OHIO.

Those physicians who are interested in the history of early English medicine will appreciate the philological zeal and the industry which enabled the early English Text Society to republish in 1888 the "Breefe Treatise of the Anatomie of Man's Body" of Thomas Vicary, the most eminent surgeon of Tudor times in London, and probably<sup>1</sup> the earliest English writer on the subject of anatomy.

Vicary was born some time between 1490 and 1500, and is first noticed as "a meane practiser (possessor of a moderate practice) at Maidstone," in Kent. As early, however, as 1525, he had advanced to the position of Junior of the three Wardens of the barbers' guild of London, and in 1528 we find him Upper or First Warden of that guild, and one of the surgeons of King Henry VIII., with a salary of £20 per annum. Two years later

<sup>1</sup> William Horman of Salisbury (died 1535) is said by Mangetus, Douglas and other authorities to have written two books on human anatomy, but when, and in what language, this work was published, I have as yet been able to obtain no information.

he was elected Master of the barbers' guild, and the reversion of the position of Sergeant of the Surgeons and Chief Surgeon of the King (on the decease, discharge, etc., of Marcellus de la More, the then incumbent) was given him by king Henry. The latter position, with its salary of £26 13s 4d, fell to him in 1535 or 1536, and continued in his possession under Henry VIII., Edward VI., Mary and Elizabeth, until his death in 1561 or 1562. It was largely through the influence of Vicary that the barbers of London (incorporated by Edward III. in 1462) and the surgeons (not yet incorporated) were united in 1540 into a single company or guild, known as the "Maisters or governors of the mistery and commynaltie of Barbouris and Surgeons of London," an association maintained, at least in the eye of the law, for more than two centuries (until 1745). Of this new company Vicary was elected in 1541 the first Master, and the same office was held by him no less than five times, the last time in 1557. On the organization of St. Bartholomew's Hospital in 1548 Vicary was chosen one of its Governors, and soon after became Resident Governor and practically its first Surgeon-in-Chief. His treatise on anatomy was first published in 1548, and soon became the standard authority upon this subject in England. Indeed, so great was its popularity, that in 1577 it was republished by the surgeons of St. Bartholomew's, William Clowes, William Beton, Richard Story and Edward Bayly, and it is from this edition (the earliest now extant) that the reprint of 1888 has been made.

The work itself is designed rather as a handbook of surgical anatomy than as a complete treatise on anatomy, and is introduced to the author's colleagues in the following modest words :

" Thomas Vycarie to his Brethren practising Chirurgerie. Hereafter followeth a little treatise of the Anatomie of mans body, Made by Thomas Vycarie, Citizen and Chirurgion of London, for all suche young Brethren of his Fellowship practising Chirurgerie. Not for them that be expertly seene (instructed) in the Anatomie ; for to them Galen, the Lanterne of all Chirurgions, hath set it forth in his Canons, to the high glory of God, and too the erudition and knowledge of all those that be expertly seene and learned in the noble Science of Chirurgerie. And because al the noble Philosophers wryting vppon Chirurgerie doo condemne al suche persons as practise in Chirurgerie, not knowing the Anatomie, Therefore I haue drawn into certayne Lessons and smal Chapters a parte of the Anatomie, but touching a part of euery member particularly :

Requiring every man that shal reade this little Treatise to correct and amende it where it shall be neede, and hold me excused for my bolde enterprise, and accept my good wyl towards the same."

The work is divided into ten chapters, discussing the gross anatomy of the various members, beginning with the head and terminating with the feet. The first chapter, however, is devoted to a definition of surgery, and to an enumeration of the qualifications necessary for the successful surgeon. Among the latter a "temperate complexion," a well-proportioned body, reverence for God, a steady hand, learning, expertness, ingenuity and good manners are particularly emphasized. He should understand medicine, natural philosophy, grammar, logic, rhetoric and particularly anatomy. He must be no "spous-breaker" (adulterer) nor drunkard, nor must he deceive patients "with his vague promises, for to make of a small matter a great, because he would be counted the more famous." He should avoid flattery, slander, pride, covetousness, etc., should keep the secrets of his patients, attend the poor as well as the rich, "and of the rich take liberally for bothe." Manifestly the faults and foibles of the profession in the nineteenth century were anticipated in the sixteenth!

Chapter II is devoted to the "Anatomic of the simple members,"—as we would say to-day to general anatomy.

"And if it be asked you how many simple members there be, it is to be answered, eleuen, and two that be but superfluties of members; and these be they, Bones, Cartylages, Nerues, Pannykles (membranes), Lygaments, Cordes, Arteirs, Weines, Fatnes, Fleshe and Skinne; and the superfluties be the heares (hair) & the nayles."

The terms "nerve" and "sinew" are still synonymous, for we read:

"The Sinew is a consimiler (homogenous) member, simple and spermatike,<sup>2</sup> meane between harde and softe, and in complexion cold and drye, and he is both flexible and sensible, strong and tough, hauing his beginning from the braine, or from Mynuca, whiche is the marow of the backe. And from the brayne cometh. vii. payre of Nerues sentatiues; and from Mynuca commeth. xxx. payre of Nerues motius, and one that is by himself that springeth of the last spondel. Al these senews haue both feeling and mouing; in some more, and in some

<sup>2</sup> "Spermatike" means whitish in color. All the white parts of the body were anciently supposed to be formed directly from the semen, and were accordingly called spermatic.



lesse, &c." . . . . "Furthermore it is to be noted that from the foremost Ventrikle of the brayne springeth seuen payre of sensatiue or feeling senews, the which be produced to the Eyes, the Eares, the Nose, the Tounge and to the Stomack etc."

The "corde" or tendon is composed of nerves and ligaments:

"The synewes that come from the brayne & from Mynuca, and go to moue the members is intermingled with the Lygamentes; and when the Synewes and Lygamentes are intermingled together, then is made a corde."

The membranes of the brain are fairly well described, and the brain itself is said to be divided into cells or divisions by the folds of the pia mater.

"The substance of the braine is diuided into three partes or ventrikles, of which the foremost part is the moste (largest); the seconde or middlemost is lesse; the third or hindermost is the least. And from eche one to other be issues or passages that are called Meates, through whom passeth the spirit of life too and fro."

The anterior ventricle is the seat of the "fyue Wittes, as Hearing, Seeing, Feeling, Smelling and Tasting," as well as of "Fantasie" and imagination. The middle ventricle is the abode of the "Cogitatiue or estimatiue vertue," while the third ventricle is devoted to the "vertue Memoratiue," or memory. The brain presides over all the other organs of the body, and follows in its movements the changes of the moon, which is proved "in menne that be lunatike or madde, and also in men that be epulente like or hauing the falling sicknesse, that be most greeued in the beginning of the newe Moone, and in the latter quarter of the Moone." The eyes are said to be composed of seven tunicles or coats, viz.: "Sclerotica, Secondyna, Retyna, Vnia, Cornua, Arania and Conjunctiua," and three humors, "humor Vitrus, humor Albygynus and humor Crystallinus."

The description of the optic nerves is worthy of quotation:

"You shal vnderstande that there springeth of the brayny substance of his foremost Ventrikles two senewes, The one from the right side, and the other from the left, and they be called the first payre, for in the Anatomie they be the first payre of senews that appeare of al seuen. And it is shewed by Galen that these senews be hollowe as a reede, for two causes: The fyrst is, that the visible spirit might pass freely to the eyes: The second is, that the form of visible thinges mighte frely be presented to the common wits. Nowe marke the going forth of these senewes: When these senewes goo out from the substance of the Brayne, he commeth through the Piameter, of whose substance he taketh



a Pannicle or a Cote; and the cause why he taketh that Pannicle is to keepe him from noying (annoyance, injury): and before they enter into the skul they meete and are vnited into one senewe, the length of halfe an inche; and then they depart agayne into two, and eche goeth into one eye, entering through the brayne panne; and these senews be called Nerui optici."

Let us turn now to the circulatory apparatus, the touchstone of anatomical and physiological progress for the sixteenth and seventeenth centuries. The work of Vicary was written, as we have said, in 1548, but republished by the surgeons of St. Bartholomew's, and therefore, with their imprimatur, in 1577. The great Harvey was born in 1578, and Vicary's anatomy thus supplies us with an interesting view of the position of English anatomy just prior to the birth of the great reformer, endorsed by the approval of the surgeons of the chief hospital of London. How sad a picture does it present !

"The Harte hath the shape and forme of a Pyneapple; and the brode ende thereof is vpwards, and the sharpe ende is downwarde, depending a little towardes the left side. And here it is to be noted that the Hart hath blood in his substaunce, whereas al other members haue it but in their Veines and Arteries: also the Hart is bounde with certayne Ligamentes to the backbone of the brest, but these Lygamentes touche not the substaunce of the Hart, but in the ouerpart they spring forth of him and is fastened as is aforesayde. Furthermore, the Hart hath two Ventrikles or concauties, and the left is hyer then the right; and the cause of this holownesse is this, for to keepe the blood for his nourishing, and the ayre to abate and temper the great heate that he is in, the which is kept in his concauties. Now here it is to be noted that to the right Ventrikle of the harte commeth a veyne from the great veyne called Venakelis (vena chilis, vena cava), that receyueth al the substaunce of the blood from the Lyuer. And this veine that cometh from Venakelis entreth into the hart at the right Ventrikle, as I sayde before; and in him is brought a great portion of the thickest blood to nourishe the Hart with; & the residue that is left of this is made subtil through the vertue of the hart; and then this blood is sent into a concautie or pytte in the myddest of the Harte, betweene the two Ventrikles, and therein it is made hote and pure; and then it passeth into the left Ventrikle, and there is ingendred in it a spirit that is clearer, brighter and subtiler then any corporal or bodely thing that is ingendred of the foure Elements; For it is a thing that is a meane between the body and the soule. Wherefore it is likened of the Philosophers to be more liker heauenly things then earthly things. Also it is to be noted that from the left Ventrikle of the Hart springeth two Arteries; the one hauing but one cote, and therefore it is called Arterea venalis; and this Arterie carieth blood from the Hart to the Lung, the which blood is vaporous, that is tried and left of the Harte, and is brought by this Arterie to the Lunges, to geue hym nutriment: and there receyueth of the Lunges ayre and bringeth it to the hart to refreshe him with. . . . The other

Arterye that hath two cotes is called vena Arterialis, or the Great Artery that ascendeth and dissendeth; and of him springeth al the other Arteirs that spreade to euery member of the body, for by him is vnified and quickneth al the members of the body." . . . . "Also there is in the Harte three Pelikels, opening and closing the goeing in of the Harte blood and spirite in conuenient time. Also the Hart hath two little Eares, by whome commeth in and passeth out the ayre that is prepared for the Lunges."

The theory of a third ventricle, situated within the median septum of the heart, and designed to refine the blood of the right ventricle during its transmission to the left, is found in the anatomy of Mondino, whose work (written in 1316, but not printed until 1478) was the accepted text-book of this period. Mondino, however, says :

"That ventricle (the third) is not a single cavity, but consists of several small cavities; wider towards the right side of the heart than towards the left, in order that the blood passing to the left ventricle from the right (since spirits are to be formed from it) may be gradually refined, as its refinement is a preparation for the generation of spirits."

His so-called third ventricle, accordingly, is merely a fanciful misnomer for the porosities of the septum supposed by Galen. Berengario of Carpi, a famous professor of Bologna from 1502 to 1527, who published in 1521 a commentary upon the work of Mondino and boasts of having performed more than one hundred human dissections, adopted substantially the same view. It is easy to see, therefore, upon what authorities the third ventricle of Vicary is based, and we cannot blame him for omitting to notice the doubts of Vesalius regarding the porosities of the septum, which were not published, indeed, until 1543, only five years before the appearance of Vicary's work. The same apology, however, can scarcely be made for the surgeons of St. Bartholomew's, who republished Vicary's anatomy in 1577, and should have been acquainted with the views of the great Vesalius and of his pupil Colombo, whose treatise on anatomy appeared in 1559. A striking contrast in this respect is shown by the great contemporary barber-surgeon of the Hôtel-Dieu, Ambroise Paré, whose '*Anatomie Générale*,' published in 1561, contains the following passage :

"Here a difficulty presents itself as to the route by which the blood passes from the right ventricle to the left. Galen thought that there were holes in the

septum; and, indeed, we do find the commencement of such holes, but they do not pass entirely through. Accordingly, Columbus has discovered a new route, and believes that the blood passes from the right ventricle to the lungs by way of the vena arteriosa, not merely for the nutrition of the lungs, but also for the purpose of being elaborated, and is carried thence by the arteria venosa to the left ventricle, the latter vessel thus serving to introduce into the ventricle not only air, but blood also. This opinion is very probable."

The origin and function of the "Arterea venalis" or pulmonary vein are correctly given by Vicary, in accordance with the accepted view of his day, but it is difficult to ascribe his description of the "vena Arterialis" to anything but pure ignorance, not only of practical anatomy, but even of the accepted anatomical ideas of the age. The "vena Arterialis," vena arteriosa, was the name given to what we now call the pulmonary artery, which, of course, originates from the right ventricle, instead of the left. Its function was believed to be the transmission of the impure blood of the right ventricle to the lungs for their nutrition. Vicary has confounded it, manifestly, with the aorta, and his surgical successors, as late as 1577,\* do not seem to have noticed the error. The proper vena arteriosa is not even mentioned in the entire description of the heart. His explanation of the function of the auricles is also either unintelligible or absurd, and not even in accordance with the teachings of Mondino and Berengario, both of whom looked upon these organs as safety-valves or chambers, to provide against overdistention of the ventricles—the right with blood, the left with spirits.

In the theory of generation, Vicary holds that the embryo is produced by the male and female semina, just as cheese is formed by the union of rennet and milk. The semen of the male is "hotte, white & thicke," that of the female, thin, cold and feeble, etc.

Vicary's work is manifestly, in the main, a compilation, based upon the writings of Galen and the Arabians. The authorities quoted are Hippocrates, Galen, Aristotle, Haly Abbas, Avicenna, Rhazes, Bartholomeus (?), Guy de Chauliac and Lanfranc, and the influence of the Arabians is further shown by the employment of such terms as : Mynuca (spinal cord), Isinon (isthmus faucium), Gwideg (jugular vein), Syfac (peritoneum),



Myrac (the walls of the abdomen), Zirbus (omentum), Monoculus (intestinum cæcum), Longaon ("the tayle gutte" or rectum) etc., most of which are also found in the anatomy of Mondino.

It must not, however, be inferred that Vicary was entirely unacquainted with human anatomy as studied by practical dissection. The Act of 1540, which united the barbers and surgeons into a single guild, also authorized the corporation of barber-surgeons to take annually the bodies of four executed felons "for anathomyes," and a record of the demand of Vicary and others (dated December 14, 1540) for "one of the dedde bodyes of the Felons of late condemned, . . . for Annotamye" has likewise been preserved to us. But Vicary, like Mondino, saw with the eyes of Galen, and generally preferred the evidence of "the Ancients" to that of his own senses.

To the student of English medical history, his work is of great interest as a mirror of the state of anatomy in England about the time of the revival of that science and just prior to the appearance of the great Harvey, though it is somewhat mortifying to find anatomical knowledge here so far behind that of Italy and France at the same period. Perhaps, however, it is but another verification of the old maxim, "It is always darkest just before day."

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## PESSARIES.\*

BY C. F. DUTTON, M. D., CLEVELAND, O.

We understand a pessary to be an instrument for introduction wholly or in part into the vagina, or into both uterus and vagina, for the purpose of affording mechanical support to the uterus in the various forms of displacement to which it is subject, or for exciting action in that organ in certain diseased conditions. In this definition we do not include articles of the *materia medica* formerly called pessaries. The name is said by some to be derived from the Greek verb *πessō*, to soften, but it seems more probable that it had its origin in the Greek noun *πessos*, a smooth, oval stone, used by the ancients in one

\*Read before the Cuyahoga County Medical Society.



of their common games. Who was its discoverer, or what its definite origin was, remains a mystery. That some suffering woman, feeling the need of artificial support for her own displaced organs, should have been the first to think of it, would seem quite natural, and that she should have selected one of the smooth stones above mentioned, which were common in every household, and have introduced it, would be in no sense marvelous. However this may be, it is quite certain that it was in use among the Greeks at least 400 years before the year 1, and there is good reason for the belief that previous to the age of Greek medicine, it, with the probe, speculum and other uterine instruments, was in use among the Egyptians, who were in medicine as in other things, the fathers of the Greek civilization. To what extent medicine and surgery had made advancement in those early days we have not definite witness; but as history unfolds itself, and the scroll of the past is made legible to us, we cannot but be impressed with the possibility, nay, with the probability, that all modern discoveries are but reproductions of former ages, and that there is really nothing new under the sun. But if the science, art, literature, and learning of the Ancients yielded before the power of a growing superstition until they finally became lost in the dense darkness of many centuries, it is the glory of the present age that all these have been and are being revived with wonderful rapidity, and that among the recoveries and discoveries of our day the means of alleviating human suffering are not one whit behind.

Many of these means, however, are very imperfect, and it behooves the medical profession, in particular, to "prove all things and hold fast that which is good." There is, perhaps, no instrument that has been the occasion of more controversy, and about the use of which wider differences of opinion have existed, than the pessary. All are agreed in the fact that some means of relief should be found for the suffering occasioned, directly or indirectly, by uterine displacements. That medication, hygiene and the *vis medicatrix naturæ*, are alone insufficient to this end, is potent to all who have given the subject any reasonable attention. Nor can surgical means always be

resorted to for the accomplishment of this purpose. There need, then, be no apology for attempting to aid in doing by mechanical means what the profession has failed and must continue to fail to do by any other. That pessaries properly applied have often afforded great temporary, and not infrequently permanent relief; and still further, that they have in many cases enabled the accomplishment of complete cures, is incontrovertably proven. There need, then, be no difference of opinion as to the propriety of using these instruments in certain cases. The evils resultant from their use have been due to imperfect knowledge or carelessness on the part of the practitioner or patient, or both, in selecting and adjusting the instrument, or in neglecting to look after it after it has been inserted. The difficulties in the way are indeed great, as attested by the almost endless variety of pessaries invented, and the utter uselessness or positive injuriousness of most of them. Is it not quite possible that more ignorance than genius has been made apparent by the production of many of these instruments?

The materials of which they have been made are gold, silver, iron or steel, tin, copper, zinc, glass, ivory, bone, wood, porcelain, hard and soft rubber, pads of hair, wool, balls of cotton, linen, etc.; even the lemon has not escaped imprisonment within the vagina.

The forms of pessaries have been as various as the materials of which they have been made.

The principles on which they act are few and simple, and yet we have reason to fear that these instruments are too frequently inserted by physicians who are ignorant of their modes of action, or culpably negligent in regard to results. There is no need for speculation or empiricism here. Nor does the responsibility of the physician cease with the simple discovery of some uterine displacement, and the introduction of an indifferent instrument in an indifferent manner. No one should hazard his own reputation or the health of his patient by the introduction of even the simplest instrument, unless he has diagnosed clearly the kind and degree of displacement, ascertained so far as possible the cause, determined fully the pathological condition of the pelvic viscera, and is in possession of

definite ideas of the action of the pessary he proposes to use, and the end to be attained by its use. No less essential is a good knowledge of the anatomy of the pelvis and its organs and tissues, and their normal relations.

The record of the misuse of pessaries and its attendant evils is a sufficient apology for directing attention to these seemingly self-evident points. I have relieved patients of instruments which had been worn for indefinite periods of from one to four years, and which had been wholly neglected after their introduction. The retention of these for such lengths of time is certainly always useless and generally harmful. I was once consulted by a lady who was suffering from a profuse and fetid discharge, and with the painful and nervous symptoms which usually accompany uterine diseases, and, making digital examination, discovered a foreign body, nearly globular and about one inch in diameter, in the posterior cul-de-sac of the vagina, which proved to be, when withdrawn, a dense ball of cotton. How long it had been retained I could not ascertain, as the lady herself was not aware of its presence. Her physician evidently had neglected his duty in not informing her that he had inserted it, and had committed a greivous blunder in having inserted it at all.

No substance capable of absorbing the secretions of the uterus and vagina should be used as a pessary. Sponge is often used for this purpose, as well as other porous substances, but they soon become sources of irritation and should be utterly discarded. We except, of course, the cases in which it may be admissable to use them as vehicles for the conveyance of astringent or other medicinal applications; though when thus used they should not be allowed to remain longer than ten or twelve hours without removal and cleansing. As pessaries have to act against the force of gravity, they should be made of the lightest material possible. Light material should be used also because it produces the least pressure upon the tissues. There are very few substances which will long resist the destructive power of the secretions. Gold, silver, and tin are used. The first two are expensive and heavy, and may be ruled out. The third is heavy, but owing to the ease with



which it may be altered to any shape, it is sometimes used. One physician informed me that he was in the habit of using the common ivory rings which may be found at the harness shops. These are too heavy, and ivory also will soften and absorb the secretions. Whalebone and spring steel covered with soft rubber are in very common use, but for some reason, which I am unable to explain, they have, in my experience, invariably become sources of irritation when retained longer than a day or two, and I have ceased to use them except for some temporary purpose. The only substance perfectly adapted to the purpose when the object is to support the uterus, is vulcanized rubber, and even this will not always resist corrosive action (as the specimen I now show you testifies), but so well adapted to the purpose is this material, and so easily obtained and shaped, that the use of any other might almost be considered mal-practice. In choosing the *form* of pessary indicated for restoring the womb to its normal position and keeping it there, we should not lose sight of a few important principles.

1. The nature of the tissues with which the instrument will come in contact, and the effect upon them of pressure or distension. It is a well known property of *all* animal tissue that it will not long endure pressure without becoming atrophied; that continuous pressure at any point interferes with circulation and nutrition. Therefore a pessary must not be used, which, by its form or weight, will produce pressure.

2. Muscular tissues lose their contractility by constant stretching or distension. On this account a pessary must not be used which will stretch or distend the vaginal walls.

3. The normal uterus is a freely movable organ, and mobility is essential to its healthfulness. Therefore we should discard all that class of instruments which would fix it immovably in one position.

4. It should be remembered that the uterus does not rest upon a base, with the external os in contact with this base or floor, but that it is suspended in the pelvic cavity with its axis of motion above the uterine neck, and that the neck is set into a tube with its lower extremity free. Therefore we should not



allow the neck to rest upon a pessary which would not only close the os and prevent free exit to the discharges, but would also tend to induce flexion at the junction of the neck with the body of the womb, as well as interfere with the action of the glands with which the neck is supplied.

5. The uterus being subject to changes in size at each menstrual epoch, no pessary should be employed which will interfere with the enlargement of the neck at these stated periods.

6. The vaginal column itself, when the organs are in normal condition, being one of the uterine supports, and this property being due to its form, position, and the character of its tissues, no instrument should be inserted which will alter its form or diminish the tenacity of its tissues.

7. The cavity of the uterus, being lined with a sensitive membrane which is subject to periodical engorgement, is unadapted to contact with foreign bodies. For this reason the intra-uterine stem-pessary should never be introduced as a uterine support.

8. No pessary should be used which will prevent the application of medicinal substances, which often need to be used in connection with artificial support.

It will be seen by the above propositions that I have excluded from use nearly all the instruments, except Hodge's lever pessary, or some modification of it. I have done this considerably, for I am satisfied that this instrument, with its modifications, is adapted to about all the cases in which a pessary can be of any service. If any exception is to be made, it is in cases of complete relaxation of the vaginal walls, accompanied by procidentia. It is the only pessary, save the intra-uterine, which will, by its own action, *restore a retroverted uterus to its normal position*. It possesses all the advantages of the flat ring and disk, without their objections. It does its work so quietly and perfectly that the wearer is unconscious of its presence, only knowing that she has ceased to suffer. It permits exercise in the open air, does not obstruct the free exit of discharges, permits the use of vaginal injections, and does not prevent conception. I have seen one labor case in which digital exploration being made to discover the presentation, the

finger of the accoucheur came in contact with one of Hodge's pessaries, which had been inserted over a year previously. It was withdrawn in good condition, and the infant, whose conception was due to its insertion, followed soon after.

I beg pardon, gentlemen, for having occupied so much of your time, and, though I have only entered upon the threshold of my theme, I have already trespassed too long upon your patience, and yield the floor for a further and more interesting discussion of this subject.

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## THE TREATMENT OF CHRONIC LARYNGITIS.

BY CHARLES H. MERZ, A. M., M. D., SANDUSKY, OHIO.

The physician often finds himself at a loss for a suitable means of treating this very common affection. Following, as it does, very frequently, the acute laryngeal attacks so prevalent in our lake regions, it proves particularly rebellious to treatment. Under the name chronic laryngitis may be included the several different diseases which are distinguished by the common characteristics of inflammation and chronicity; while they may be divided pathologically into several varieties—the mucous, glandular, parenchymatous, muscular, etc. So far as the treatment is concerned, we may consider the several varieties as one. As to the causes, we should bear in mind the frequency with which irritating atmospheres from workshops, and tobacco fumes are inhaled.

Very frequently the inflammation will be found due to an extension of inflammation from the naso-pharyngeal mucous membrane. A few words as to the diagnosis. The patient will complain of pain, acute or dull, in the region of the larynx, particularly after using the voice; a sensation of dryness and tickling, and the voice will be altered, being husky and often almost absent. At times a painful dryness of the throat is complained of, with pain at one or two points when swallowing—as if a pin were sticking in the throat. The secretion will be found viscid and glairy, and all efforts to dislodge it cause more or less pain. The cough, if there be any, is short and dry, yet it may

prove very troublesome. Speakers and singers, from the urgency of these symptoms, will often be compelled to cease using the voice, entirely, for a time. Upon examining the throat, the mucous membrane will be found congested and the vessels dilated. Here and there will be seen little elevations, making the surface appear nodular. Usually, the tonsils will be more or less involved in this inflammation, presenting a congested surface. As a rule, but little difficulty will be experienced in arriving at a satisfactory diagnosis, but as much can scarcely be said of the treatment.

In my hands the various remedies recommended have proven very unsatisfactory, and after many trying attempts to find a plan of treatment that would give satisfaction, I have adopted the following as most nearly fulfilling all the requirements of the average case. To successfully follow the plan it is necessary to employ a Bullock & Crenshaw or Maw inhaler. The inhaler being filled with hot water at  $160^{\circ}$  to  $180^{\circ}$ , and a drachm or two of compound tr. of benzoin added, the patient is directed to take deep inspirations, at the rate of six or seven a minute. By this means several objects are accomplished, and that, too, in a most satisfactory manner. The muscular fibres of the throat are excited to contract, and the entire circulation of the pharynx and larynx directly influenced. The peripheral vessels dilate, admit into them a larger amount of blood, and a more active tissue metamorphosis takes place. In addition to the sense of relief and comfort following its use, the hot vapor will tend to permanently lessen congestion and promote absorption. The pronounced benefit derived from the comp. tr. benzoin, in these conditions, is well known. It is astringent, antiseptic and sedative, and recent experiments in the treatment of follicular tonsilitis show that it has more than an ordinary influence upon the pharynx and larynx. The inhalation may be continued for ten or thirty minutes, the length of time to be governed by the sensations of the patient. In addition to the immediate beneficial effects of the hot vapor, there will be found an increased chest capacity following its use, as the result of gradually lengthened deep inspirations. Following this, it is well to apply to the pharynx,



by means of a cotton swab, a solution of iodol and ether, one drachm to the ounce. Iodol will be found to possess all the good qualities of iodoform, without the objectionable one, odor. This application is stimulating and promotes absorption. It is not poisonous and may be freely applied. If persevered in daily, this treatment will give results more satisfactory than can be attained by any other plan I have ever followed. In many cases the enlarged follicles will disappear, but if they do not, they should be touched with the galvano cautery point. Two or three can be touched at each sitting. Tubercular laryngitis will be found to be greatly benefited by this plan, the iodine contained in the iodol exerting its influence in reducing the infiltration. In addition, there should be the strictest attention given to the hygienic treatment—correcting, when possible, any errors in diet and living. Suitable tonics, and frictions with the flesh-brush and coarse towels are important as a means of increasing the general tone of the muscular system. The patient should, in cold weather, remain indoors for at least an half hour after taking the treatment, as an injudicious exposure to change of temperature may be followed by unpleasant symptoms, that are apt to be attributed to the treatment. Following this application, I usually spray the throat with a solution of eucalyptol and menthol in liquid albolene.

If preferred, a solution of iodoform in ether may be used, but I have found no advantages possessed by iodoform over iodol. Instead of using benzoin, thirty to sixty drops of the following mixtures may be employed for inhalation: Cubebæ olei, magnes carb. levis  $\mathfrak{z}\text{i}$ , aquæ  $\mathfrak{z}\text{iii}$ , stimulant. Creosote  $\mathfrak{z}\text{ii}$ , magnes carb. levis  $\mathfrak{z}\text{iii}$ , aquæ  $\mathfrak{z}\text{iii}$ , stimulant. Terebinthmæ canad  $\mathfrak{z}\text{iii}$ , magnes carb. levis  $\mathfrak{z}\text{iii}$ , aquæ  $\mathfrak{z}\text{iii}$ , mild stimulant and resolvent. Pine tar, terebene or camphor.

My patients easily understand the rationale of this plan of treatment, and are not averse to following it. I have no hesitancy in bringing it to the notice of the medical profession after two years of experience with it. The slight loss of time required to prepare the inhalent and administer it, will be more than compensated for by the satisfactory results that will be found to follow its regular pursuance.



## THE TREATMENT OF HEMORRHOIDS.

PROFESSOR M. VERNEUIL.

[Translated by George L. Kahn, B. L., B. S., M. D.]

A great deal has been written about the various methods of treating hemorrhoids, but little has been said in this country about stretching the sphincter ani; or about carbolized pulverization in relieving or curing this painful affliction. The following article is a translation of Professor M. Verneuil's essay, in the *Gazette des Hopitaux*:

"Dilatation of the anus, which I first utilized quite a time ago, is the choice method of treating piles. It matters not what the accompanying symptoms may be, or if the hemorrhoids are large or small, bleeding or not, dilation of the anus will insure the cure.

Owing to a few cases less successful, treated by this method, some deem it entirely inefficient. Experience, however, shows that these reproaches are unjust, and that stretching should be used in a majority of cases, especially those where the results or effect might prove serious if extreme treatment were not resorted to.

The operation, if performed with a bivalve speculum, will stop the pain and hemorrhage. The cure then, is obtained rapidly. The first stool, after the operation, is somewhat painful, with an emission of blood; but the second is painless and bloodless. The sphincter will then contract, and the fourth day all is over, and the patient is out and about. Still, circumstances are not always as favorable; the piles are sometimes inflamed or strangulated. In the examination there will be found around the anus a lump, which may be red, hard and painful. Irreducible for two reasons: The sphincter is either too contracted to allow the lump to be pushed in the anus, or too painful for the performing of taxis.

Should the surgeon operate with such symptoms? In my opinion, he should not. Inflamed and strangulated piles should be less violently treated. All that should be done is to reduce the inflammation.

Both the lump and pain will then readily disappear. In such cases, were the operation performed, pulmonary emboli can be produced through the migration of a clot.

Notwithstanding all this, when a patient is in agony, an operation is a necessity. Formerly, piles were either badly treated or not at all. Baths or emollients were prescribed, but caused greater suffering.

Lisfranc used the lance successfully, but it is known to be a dangerous method, as the opening of a vein may produce hemorrhage.

The following circumstances disclosed to me an easy method for their relief:

An old student of mine called on me, with a haggard mien and barely able to walk, suffering with strangulated piles, and all previous treatment had afforded him no relief. The idea of using carbolyzed spray occurred to me, so I gave a heavy atomizer to my old student, who returned home, retired to his bed, and used the spray on his rectum a half hour at a time. On visiting my patient the next day, I found him jolly and happy and a sufferer no more. Shortly after I was afforded an opportunity to use a similar treatment in another case. An exceedingly corpulent lady was confined to her bed for a fracture of the femur. The attending physician imagined it a dislocation, and strove to reduce it, the patient suffering intensely.

While examining for treatment of the fracture the lady complained of a severe pain in the rectal region. I found the cause to be inflamed and strangulated piles.

The horizontal position in which the lady was compelled to lie, owing to the fracture, made the treatment of the piles a difficult task, consequently I had to raise her body so as to be able to direct the spray properly. After six days there was no pain, and the piles were no longer congested. In several cases the results were similar. Notwithstanding this, success does not always follow the use of the spray, still I advise its use, for generally the results are favorable.

The spray acts as an antiseptic, when containing an antiphlogistic substance, such as carbolic acid. It is far superior to

(emollients) emollients, poultices, etc., but the spray must be warmer.

I attribute lack of success to a neglect of this necessity. If relief is not obtained by a hot spray, dilation must be resorted to, and especially when there is a spasmodic contraction of the anus. Upon the existence of the contraction of the anus is founded the treatment by dilation for the cure of hemorrhoids; as dilation ends the contraction of the sphincter.

The patient is first chloroformed, and then we introduce in the rectum firstly a finger and then a bivalve speculum. The chloroform reduces the contraction, but fearing a return of this, dilatation with the speculum must be resorted to.

Trelat's speculum is the most effective. Gentleness must be maintained in this operation, to prevent any fragmentation of a clot from the hemorrhoidal veins.

Sometimes lumps, more or less hard, will remain outside, even after stretching, but it is best to leave them, and they will even so be cured, as the hemorrhoids pass through a process of spontaneous retraction. The results are exceedingly favorable in relieving the pain speedily, and after five (5) days the lumps have been reduced, and after ten (10) days the cure is almost complete. A small mucous lump, due to œdema of the mucous membrane of the ani, may remain awhile, but will disappear gradually.

This cure may be either speedy (four or five days), or longer three (3) or four (4) weeks, depending on circumstances, and it is best to inform the patient; but success is bound to come sooner or later.

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## CAN THE SPREAD OF ZYMOTIC DISEASES BE PREVENTED?\*

H. H. SPIERS, M. D., EDINBURG, O.

### PART II. PHTHISIS PULMONALIS.

Though long a moot question, I think the medical expert of to-day will bear me out in placing Phthisis Pulmonalis among the zymotic diseases. Heredity may have an influence, lowered

\* Read before the Portage County Medical Society, October 2, 1890.

vitality from whatever cause may predispose, but persons in perfect health take the disease if the environment be favorable.

What is meant by the environment ?

If we carefully analyze all deaths from tuberculosis as to locality, we will readily see that the vast proportional majority occur in the temperate zone. A less proportional number occur in the torrid zone, and the least of all in the frigid zone ; the temperate zone is then favorable environment ; the frigid zone unfavorable environment.

The word in this connection means more than this. It is agreed, generally speaking, that in the conveyance of this disease the atmosphere is the medium ; that if good ventilation be maintained, little or no danger accrues to the person exposed. The opposite is also true. An ill- or well-ventilated apartment may then be said to be favorable or unfavorable environment. From what is stated it will be seen there are at least two influences in the extension or diminution of this disease : Zone influence and atmospheric influence.

These influences, it is thought, may act separately or conjointly. Certain it is, if they exist at all, they must be everywhere present. For brevity we will designate zone influence by  $x$ , atmospheric influence by  $y$ , and the resultant or death rate by  $z$ . The equation then stands thus:  $x \pm y = z$ .

The Esquimau lives in his close and ill-ventilated hut the greater part of the year, and breathes an impure and heavily loaded atmosphere with impunity. Tuberculosis is almost unknown. The equation for the frigid zone then is:  $x \pm y = 0$ .

The African and South American, under a tropic sun, in a dry, sometimes a humid, and oftentimes a superheated atmosphere, surrounded by rank vegetation, and consequent depressing malaria, practically lives out of doors his entire life. Seldom does he die of tuberculosis. The equation for the torrid zone then is:  $x \pm y = -z$ , indeterminate.

The American and European of the temperate zone have in many ways a peculiar climate. The mode of life accords with this peculiarity.

It is seldom so cold as to be confined in-doors. It is seldom so warm as to live wholly out of doors. At night, it is contin-



ually closed doors and shutters. In the day, it is closed doors and shutters for six months of the year. The female portion of a community spend three-fourths of their time in-doors. In many vocations this is also true of the male. Do I express a truth in saying for a majority of temperate residents it is an in-door life? The death rate from tuberculosis is truly appalling. The equation for the temperate zone is:  $x \pm y = z$ , indeterminate.

But let us look more closely into the manner of life of these zone residents. Arctic writers tell us of the long, cold winter—continual night; of the short summer—continual day; of the truly hibernating period during the night, of the ceaseless activity during the day—"the struggle for existence." In this long night of low temperature, is it possible a germ of disease could be transmitted through the air to the lung tissue and there find soil favorable for growth and development? Of the two or three remaining months it is out-of-door life entirely.

It can therefore be seen that the environment in the frigid zone, in both winter and summer, is unfavorable to tuberculosis. Here the two influences seem to come in conflict. Let us then attempt to interpret the equation  $x \pm y = 0$ : When atmospheric influence is held in perfect abeyance the death rate is zero.

I said life within the tropics is out-of-door life. This is practically true. Different peoples have different customs, habits and modes of living, but on closely examining one is struck with the great similarity in all.

It is open air all the day, and open hut or house all the night. In the chase, in war, in sport, in the every-day life, social intercourse must take place. Within this radius of virility for all forms of life, is it strange some die of this disease? The tropic resident in both Africa and America, like the reptile at his side, gorges himself with whatever nature grants him, lies down and sleeps, and when he dies it is seldom of tuberculosis. What, then, can we formulate from our equation  $x \pm y = -z$  indeterminate: When the atmospheric influence is held in great abeyance the death rate is small.

We now turn to life in our own zone. How different from

the frigid and torrid, in which nature's resources are drawn from so largely. How different in work for both hand and brain, as shown in mastery of environment. How different in association, education, refinement—in all things that conduce to true manhood and womanhood. Yet our life for the major part is an in-door life. In our homes and halls and churches and seminaries—the very places of our assembling—there is an influence that is carrying more persons to premature graves than any disease in the land.

Need I name it? It is this stealthy, ever-present, unfavorable atmospheric influence. How shall we interpret our equation  $x \pm y = z$  indeterminate? When atmospheric influence is held in little abeyance the death rate is great. Place the three formulas, as interpreted, side by side :

ZONE.	ABEYANCE OF ATMOSPHERIC INFLUENCE.	DEATH RATE.
Frigid,	Perfect,	Zero.
Torrid,	Less "	Small.
Temperate,	Least "	Great.

The reasoning being correct, it will be seen that at every point of the earth's surface the death rate increases as the abeyance of atmospheric influence becomes less perfect. In other words, this law is established, viz:

*The death rate from tuberculosis is inversely proportional to abeyance of atmospheric influence.* Nature controls tuberculosis beyond the polar circles. Nature controls in great measure tuberculosis within the tropics. *Nature is doing all she can for us.* Can we help her? I believe we can. That the day is not distant when tuberculosis will be banished from our midst. Behold the parity of reasoning! Says Dr. Louis Weigert: "Let us kill the tubercle bacilli by means of superheated dry air inhaler." I humbly ask: "Why inhale *dry* air? Is not *moist* air equally efficacious? Can it be shown that the death rate in Africa on the equator near the Sahara is zero? That the death rate in South America on the equator near the Amazon is great?

Why should the air be *dry*? Again, would it not be just as sensible to *freeze* as to *cook* a bacillus in the lung tissue? Would it not be just as proper to leave the bacillus alone as to attempt either, if, at the next inspiration, disease germs be again inhaled? Gentlemen, please pardon the digression, but remember the adage: "An ounce of prevention is worth a pound of cure." By means of an automatic ventilator rendered compulsory in every hall and domicile in the land, by the isolation of pronounced cases of tuberculosis, and the exercise of great care in doubtful ones, the disease can be effectually controlled.

Dr. B. W. Richardson says: "Man can compete with nature, defy her and beat her on her own ground." This is purely imaginary. In fact, it will never be realized. When your life and mine depend on the watchful and assiduous care of our neighbor—even though well paid for—we will most assuredly die.

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## CORRESPONDENCE.

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### KOCH'S LYMPH.

Editors Cleveland MEDICAL GAZETTE:

Through some experimental research that I was led to make about two years ago, in reference to a bacilliude, certain peculiar results were attained, which surprised me, but not having pathological material to experiment upon, and having no time to waste, I dropped further research at that time, thinking, perhaps I would take it up some time in the future and push it to a satisfactory result if possible.

Hearing of Dr. Koch's discovery of a substance that would cure consumption, lepers and allied diseases, I thought that perhaps it would be well to follow up the experiment I had already begun.

When I read of his results and the effect upon himself, it impressed me forcibly that it must be in the same field I had been experimenting.

I immediately began work upon rabbits and guinea-pigs, and finally upon myself, believing confidently that I should reach my objective point. That point I now have reached; the results I have succeeded in establishing.

Now, I am not unmindful of the gravity of the astounding announcement I am about to make, especially if it be not true, when I say, that beyond the shadow of a doubt I have discovered Dr. Koch's lymph. I have put it to the test upon myself thoroughly, with effects identical with those described by Dr. Koch upon himself. I find it to be a tremendously powerful agent, of a syrupy consistence, rather smoky-looking, but transparent. You will recollect the description of his, and its effects upon himself. I now give the effect of mine :

At 9:45 P. M. I injected .50 of a cubic centimeter in my left thigh, retiring immediately.

At 2 A. M. I awoke with considerable dyspnœa and a desire to cough frequently. Took my temperature and found it 97—pulse 84. I again retired, but could not sleep from nervous excitement. After arising in the morning I found temperature normal, pulse 86—dyspnea and cough still present. At 1:30 P. M. I was having decided rigors—temperature 100.5, pulse 104, some dyspnœa still remaining, with twinges of wandering pains and waves of nausea coming and going, but no vomiting. In the evening temperature 102, pulse 104, dyspnœa not all gone, occasional nausea, and wandering pains. Next morning no nausea, fair appetite, dyspnœa gone.

This is my case under the effects of my lymph. Dr. Koch's effects under his lymph are fresh in the minds of all ; the effects upon each of us being almost identical.

In order to have the verdict of the medical profession, I will immediately send sufficient lymph to well known medical men of different cities, who have ample hospital material to work upon ; meanwhile I shall be happy to unite with our medical men of this city and test it in all proper cases. I shall be governed by Koch's rules, and I am sure we will get his results.

Again, I emphasize "I have discovered Koch's lymph."

Respectfully,

J. CRAFT, M. D., 64 Streater Av.



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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

### MEDICAL POLITICIANS.

We have been asked to define medical politicians in the sense used in our editorial of last month, on the "Proposed Amendment of the Constitution of the Ohio State Medical Society." This is difficult, because as the editor of the *American Lancet* says: The ways of the medical politician are as devious as his methods are questionable. His entrance into a medical society is sure to generate discord and dissension, often followed by entire disruption of said society. He works his schemes through the indifferent and thoughtless members, who are quite apt to be country practitioners.

The *American Practitioner* graphically describes some of his characteristics: For self-aggrandizement he pushes himself and his friends to the front, captures all the offices, and courts the notoriety of the newspapers. At medical gatherings he

collects about him the country practitioner, to whom he unfolds his tale of woe, and whose sympathies he arouses, when he says: Our mutual friend G——has worked hard for the society, written more articles and received less recognition than any man in it. He is the man for president, and unless you are influenced by that crowd of jealous fellows, headed by Drs. L—— and N——, you will vote for him and get all your friends to do the same. Drs. L—— and N—— have not done a thing for the society. Let us take a drink.

The drink is taken, the votes are secured, and the innocent and careless practitioner is convinced the speaker is his friend, and the victim of envious rivals; though these envious rivals are often the statesmen of the profession—men who desire nothing for themselves except the mutual benefits arising from discussion of scientific subjects, the promotion of fair and just dealing, and of cordial good will between all physicians.

For a candidate they want one so independent as to be free from the management of cliques—a just and honorable man. They look beyond the offices and the immediate gain, to the promotion of that which is best for the entire profession for the future.

These men err in that they fail to avail themselves of the advantages of organization. A little time and trouble devoted to the management of the society on the part of the better class, would enable them to gather together the indifferent and the careless, and so defeat the schemes of the pure politician.

The future of the American Medical Association, of most of the State societies and of all large medical bodies, and not a few small ones, depends upon their casting into the background the medical politician. He must be exposed and held up to the ridicule that he deserves. No candidate should be supported for any office who, by his dignity, honor and intelligence, is not able to join it. It is possible for those who desire orderly, well conducted medical societies to accomplish this, but they can do so only by giving time and thought to the means for its accomplishment. The devil is not cast out by a masterly inactivity, nor is it any excuse for existing indifference that such work is distasteful.

No work for the betterment of the profession in its conduct is agreeable or generally profitable, nevertheless, all owe it to themselves and to the profession to do what each one can for the relegation of the medical politician to his proper place. Look out for him, beware of his honeyed words, his glittering promises; his professions of undying friendship; his aspersions of the motives and interests of men who occupy honored places in the ranks of medical literature and science. Beware of his treats, of his cigars, whiskey, champagne and midnight carousals.

Things like these may be fitting for the selfish plans of the medical politician, but they are not characteristic of honorable, honest workers for the good of the medical profession. The companionship of those who do and countenance these things is not likely to promote that which is best, either to the individual or to the medical profession; by vote and by personal influence, endeavor to purge medical societies of this class. When this is accomplished, membership will be regarded as an honor, and as a means of professional development, and for the promoting of peace and good will.

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## THE INCUBATION PERIOD OF PERTUSIS.

Dr. A. Peskind reports the following case:

The difficulty of acquiring an exact knowledge of the duration of the period of incubation of any contagious disease must be admitted. In like manner, the period of incubation of pertusis is still much disputed. This induces me to report the following case, which, I think, must be an extremely rare one, to elucidate the probable duration of the period under question:

During the month of October, 1889, three children of Mrs. M—— had the measles, after which whooping cough developed. About ten or twelve days after the measles had left the three children, Mrs. M—— gave birth to a male child (November 8, 1889). On the thirteenth of November the baby commenced to cough, and the other symptoms of whooping cough followed.

For nearly two months the baby was in a critical condition, and many a day it looked as if each would be its last. The cough then commenced to abate, and recovery was uninter-

rupted. Unless we may suppose that the child was affected already in utero (which must be improbable), the incubation period in this case lasted about five days.

It is probable that in this case the period of incubation was about five days; and yet it is not impossible that the disease was contracted in utero. Various authors have reported cases where infection of the fœtus undoubtedly occurred; even in which the mother experienced movements of the fœtus resembling paroxysms of coughing, such as the child exhibited soon after its birth.

In other cases the disease first manifested itself so promptly after birth as could only be explained by considering the child to have been infected through the mother's blood and passed the stage of incubation upon its birth. In some of these cases it is stated that the mother was herself affected by whooping cough. In other cases reported it is not stated whether the mother or only others of her family were suffering from the disease. It is a question whether the fœtus may not be infected through the blood of the mother, herself exhibiting no symptoms of the disease.

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#### NORTHWESTERN OHIO MEDICAL ASSOCIATION.

The recent meeting at Lima was one of the most successful in the history of the association. The papers were of unusual scientific value, some of which will appear in the *Gazette* in due course of time. The discussions were animated, and if they were preserved would undoubtedly be of as much value as those published by other much more pretentious societies.

There were in attendance about one hundred and thirty physicians, a larger number than were present at the last meeting of the State Association.

One of the excellent features of this association is the manner in which all medical politics is kept in the background. During the four sessions of the association, probably not half an hour was occupied in the transaction of business and the discussion of subjects not strictly scientific. The subject of the relation of the county societies to the State society was



sprung upon the association, and shortly disposed of by requesting that district societies be included in the proposed amendment to the constitution of the State society. When it becomes known that this amendment was animated by a few individuals who do not belong to local societies, and who fear that their usefulness in the State organization might be dispensed with if it became necessary for them to unite with a county society at home, where their many virtues are best known, we think this resolution will be reconsidered.

The usefulness of the district society depends upon its avoidance of medical politics, and we think it would be a wise measure for the district societies to make membership of county societies a requisite of membership of the district society.

A banquet was tendered the members of the association by the Allen County Medical Society, Thursday evening. Toasts were responded to by Drs. Bain of Kenton, Vail of Lima, Beardsley of Ottawa, Smart of Toledo, Baker of Cleveland, Hamilton of Columbus, and others.

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### KOCH'S DISCOVERY.

Since our last issue a number of physicians in this country have received a supply of Koch's lymph. Several physicians who were in Europe at the time Koch announced his discovery have returned, and unite in stating that it is worse than useless for consumptives to go to Berlin for treatment. Koch still declines to make known the composition of his lymph. This is contrary to all precedents in such matters, and we fear will lose him many friends in the profession, and will establish a precedent so that every physician who imagines that he has made a discovery will feel justified in keeping it a secret and utilizing it for revenue only.

We regret that Dr. Craft, whose communication appears in another department, does not see fit to publish the composition of his supposed discovery. It raises the query whether this is not the first of a number of pseudo lymphs that will be forced upon the attention of the profession?

## THE DOG AND THE BOY.

Since some of the humane people of Ohio have incorporated a humane society, we hope they will perform their function in protecting helpless women and children as well as dumb animals, that are ill treated by cruel keepers or drivers, and will not attempt to interfere with the humane work of the physician, even though he does maim a city cur, as did Dr. Phelps recently, who, having a boy under his care with an ununited fracture of the tibia, which had failed to unite under the ordinary methods, transplanted the bones from the fore leg of the dog into the leg of the patient. The dog necessarily was somewhat inconvenienced for some time by being bound up in plaster of paris in an uncomfortable position.

## AMONG OUR EXCHANGES.

While the wave of interest in the subject of *Hypnotic suggestion* as a method of cure can be hardly said to have begun to subside as yet, the pros and cons are being carefully discussed, and we can begin to form something of a conclusion as to the probable place it will occupy in the therapeutic armamentarium of the general practitioner. DR. M. H. LACKERSTEEN of Chicago, Ill., a somewhat enthusiastic pro, has discussed the subject before the Chicago Medico-Legal Society,<sup>1</sup> and confirms the observation of European experimenters to the effect that hypnotic suggestion possessed great efficacy in cases in which *menstrual irregularities* constitute a prominent feature, likewise in *gastric neuroses*, *dipsomania*, and *sexual impotency*. He admits, however, that: "It will always remain in the hands of specialists, and it is right that it should," for, as he goes on to state, "a special training is necessary" that the hypnotizer shall do the least amount of harm by the treatment. Per contra. DR. NORMAN KERR,<sup>2</sup> while accepting as genuine most of the phenomena recently claimed for hypnotism, has observed that only a limited number of patients can be hypnotized; that in many

<sup>1</sup> Jour. Am. Med. Association, Nov. 22, '90.<sup>2</sup> Times and Register, Nov. 22, '90.

persons after hypnosis, nerve equilibrium is apt to be disturbed, the nervous balance upset and nerve energy dissipated, and in the very class of neurotic cases for which it is claimed that hypnotism is an especially efficient remedy, the patients, though showing an apparent improvement for a time, in the end the ailment appears confirmed and intensified. In *dipsomania*, according to his observation, hypnotism gives no larger percentage of cures than many other methods. But it is the risks of hypnotism that should bar it out of the domain of ordinary practical therapeutics. DR. KERR's attention was called to this risk by the onset of mental instability, in one case developing into insanity, in some cases in the practice of a most conscientious physician, where the patients were being apparently "highly benefited by hypnotic treatment. The power which the operator gains over the patient by repeated seances is dangerous alike to operator and patient, by reason of the unfortunate complications to which such a relation may give rise. These complications have led to legal restrictions to the practice of hypnotism in Belgium, France and Russia. DR. KERR very aptly and forcibly says: "In view of all these possible abuses and dangers, it passes my comprehension how it could ever have been contended that family medical practitioners should practice hypnotism on patients of both sexes and all ages as a part of their regular daily work. Surely the perverted actions of hysterical patents and the existing chances of groundless and serious charges to which we are already exposed are more than enough without the addition of hysteria-cum-hypnosis complications." And in this opinion we think the general practitioner will concur, and if he have a case where hypnotism is indispensable to cure, under ordinary circumstances he will doubtless prefer that some other physician, who is more eager for the glory of stage effects, should assume the risk. A conservative sense of caution will prompt him to act on the plan which Hippocrates is said to have been wont to advise in cases of compound and complicated fractures of the thigh, viz.: "to let the other doctor take him."

The thorough investigations of DR. R. BRUCE JAMES<sup>3</sup> have

<sup>3</sup>Arch. Pediatrics, Sept., 90.



shown that atropia, in full doses—while an efficient palliative in a large majority of cases of *enuresis nocturna* of children—can no longer be considered a curative agent, as has been so confidently claimed by many practitioners. In his position as resident physician in an orphan asylum in New York city, he had an opportunity to keep these cases under observation for months, and while he found that full doses of atropia gave prompt relief, in every case but one, and that was a mild case the enuresis returned in from one to six weeks after the withdrawal of the remedy or the reduction of the dose. No bad effects were observed from the long-continued use of the drug, and no increase of the drug was required, except in one case. In children past twelve years of age the treatment was followed by little or no benefit. But while it would seem that atropia must lose its prestige in this affection, DR. VAN SIENHOVEN of Haag,<sup>4</sup> observing that by elevating the pelvis, the bladder in the cadaver would hold more by considerable than when the body was in a horizontal position, and conceiving that enuresis might be due to the resistance of the sphincter viscal being overcome by the gradual distension of the bladder, resulting in a slight escape of urine into the prostatic urethra, and that this small amount of escaped urine, by exciting a reflex contraction of the detrusor urinæ, might cause the entire contents of the bladder to be expelled, tried the plan of simply elevating the foot of the bed, without giving any medicine whatever, and with the happiest results. Fourteen cases already treated by this plan are reported cured. He orders the foot of the bed elevated to the plane of forty-five degrees, the child is allowed no liquid for some time before retiring, and is compelled to empty the bladder completely on going to bed. The plan certainly is worth a thorough trial, and if, as in the case of atropia, it should prove merely palliative, it would seem to be a valuable contribution to our therapeutic resources in this very annoying affection.

*Salol* also has scored its case of fatal poisoning.<sup>5</sup> DR. HESSELBACH reports the case. The patient, a young man suffering

<sup>4</sup>Cor.—Blatt für Schweizer Aerzte, Sept., '90.

<sup>5</sup>Fortschritte der Medicin.



with rheumatism, took two drams and died on the second day in coma. There was anuria and great dryness of the tongue—in short, slow carbolic acid poisoning. At the necropsy the kidneys were found to be soft, anæmic and pale-yellow, and the microscopic appearances were those of acute fatty degeneration. Instances like these teach us that a substance which is to split up into salicylic acid and carbolic acid in the system should be prescribed with reference to the possible results from the more toxic of its components—the safe practitioner will bear in mind, when he prescribes it, how much carbolic acid each grain of salol represents.

In an article on the treatment of *croup*,<sup>6</sup> DR. H. R. WHARTON of Philadelphia, calls attention to an indication which he regards of great value in determining whether the necessity for operation be urgent or not, viz.: *inability to sleep*, except at very short intervals. After enumerating the other symptoms of obstructive dyspnœa, he says: "Inability to sleep, I consider an important symptom in deciding as to the advisability of operative interference, whether by tracheotomy or intubation. \* \* \* Although its symptoms of dyspnœa may be marked and increasing, if the patient is able to sleep for half an hour or an hour at a time, I am inclined to employ a method of treatment, which I will describe, before I resort to either tracheotomy or intubation." The treatment referred to is to keep the room saturated with moisture from boiling water, to give internally

R	Ammon carbonat,	. . . . .	grs. ii.
	Syr. Senegæ,	. . . . .	M. x.
	Mucelag Acac,	. . . . .	fl. ℥ii.—m.

every two hours unless the patient vomits, when the frequency of the dose is diminished. He also employs a steam atomizer with the following solution, first recommended by DR. PARKER of London.

R	Sodii carbonat,	. . . . .	℥i to ii.
	Glycerin,	. . . . .	fl. ℥ii.
	Aquæ qs. ad,	. . . . .	fl. ℥iv.—m.

This should be inhaled for a short time at intervals of from

<sup>6</sup>Med. News, Nov. 29, '90.

ten to fifteen minutes. Usually the dyspnœa is marked relieved by this plan of treatment, and he never resorts to operation unless he has first given this method a trial.

French physicians, inclining to the view that *diabetes mellitus* is a symptom of pancreatic disease, are using pancreatin freely in its treatment. DR. FAUCONNEAU<sup>7</sup> reports two cases where its free exhibition resulted in good effects. The one, a gouty subject excreting 80 grammes of sugar a day, was ordered five pills of pancreatin four times a day, three hours after meals. The attack of gout ceased and the sugar disappeared wholly from the urine. The second patient was a case of cancer of the pancreas. The exhibition of pancreatin improved the digestion markedly and lessened the diabetes, but the patient of course eventually succumbed to the disease. The doses of pancreatin should be carried up to one or two drams daily if necessary.

DR. C. G. SLAGLE<sup>8</sup> of Minneapolis, Minn., is treating diphtheria with sulphite of soda and calomel, and claims excellent results. He gives to a child of 7 years or thereabouts

R	Calomel,	.	.	.	grs. xii.
	Soda Bicarb,	.	.	.	grs. xxxvi—m.
	Ft. chart	xii.			

One powder every two hours, to be followed when all are taken, by a dram each of castor oil and spirits of turpentine. Besides this, he gives every alternate hour a teaspoonful of a saturated solution of Merck's sulphite of sodium, spraying the throat with the same solution every couple of hours, if the case be a bad one. He regards the treatment as giving better results than any he has yet tried.

## NEW BOOKS.

FOR SALE BY P. W. GARFIELD, CLEVELAND, OHIO.

'A TEXT-BOOK OF COMPARATIVE PHYSIOLOGY.' For students and practitioners of comparative (veterinary) medicine. By Wesley Mills, M. A., M. D., D. V. S.; professor of physiology in the faculty of human medicine and the faculty of comparative medicine, and veterinary science, of McGill University, Montreal. Author of text-book of 'Animal Physiology,' etc. 476 illustrations. New York: D. Appleton & Company. London: Caxton House, Paternoster Square. 1890. 636 pages.

This work, while it is intended for veterinarians, will be

<sup>7</sup> Le Progres Medical.

<sup>8</sup>Columbus Med. Jour., December, '90.

found very interesting and useful reading for the student or practitioner of human medicine. The general and comparative consideration of the functions of animal life not only broaden the view of the scientific physician, but really make it easier work to remember the principles and facts of that branch, human physiology, which is specially important to him.

The present work is more specialized on the domestic animals than the author's 'Animal Physiology,' and, as a textbook, will satisfy the needs of all interested in veterinary medicine.

'A COMPEND OF EQUINE ANATOMY AND PHYSIOLOGY.' By Wm. R. Ballou, M. D., professor equine anatomy, and formerly professor physiology. New York College of Veterinary Surgeons, etc. Twenty-nine graphic illustrations selected from Chauveau's 'Comparative Anatomy.' Philadelphia: P. Blakiston, Son & Company. 1890.

This is one of Blakiston's quiz compends, and covers its subject very well, especially the anatomy. They are two pretty large subjects to put in one book for a dollar, even in the brief style of the compends, and are necessarily much condensed and abbreviated.

'A TREATISE ON FRACTURES.' By Professor Armand Despris, M. D.; Surgeon of Charity Hospital, member of the Society of Surgery, etc. Translated by E. P. Hurd. George S. Davis, Detroit, Michigan. Price, 25 cents.

The title of this number of the Physician's Leisure Library is somewhat of a misnomer. It is hardly a treatise, much less a complete treatise. But it is a series of lectures given with much good, common sense and independence, and with a fullness of practical detail, which will be very acceptable to younger practitioners, and do no harm to some of the older ones who may think there is no wrinkle in fracture they never heard of. We do not know any way one can spend a quarter of a dollar and a little leisure to any better advantage.

'ESSENTIALS OF REFRACTION AND DISEASES OF THE EYE.' By Edward Jackson M.D., and 'ESSENTIALS OF DISEASES OF THE NOSE AND THROAT.' By E. B. Gleason, M.D. W. B. Saunders, Philadelphia, Pa., 1890.

This is one of the series of Saunders' Question Compend, and we believe this to be one of the best of the series. The publishers could not have selected two better men than Drs. Jackson and Gleason to prepare a work of this character.

'A HAND-BOOK OF DERMATOLOGY FOR THE USE OF STUDENTS.' By A. H. Ohmann-Dumesnil. A.M., M. D. St. Louis Medical and Surgical Journal Publishing Co.

The author follows the classification of the American Dermatological Association. The style is well adapted to the scope of the book, which is illustrated by a number of original wood cuts. A number of misstatements occur, for it is declared that eczema seborrhœica has pronounced itching, that psoriasis is next in frequency to eczema, that lupus vulgaris ulcerates as a rule, and that lepra mutilans is due to the breaking down of leprous nodules. There are also some typographical errors.

'ESSENTIALS OF MINOR SURGERY, BANDAGING AND VENEREAL DISEASES.' (Saunders's Question Compends). By Edward Martin, A.M., M.D. W. B. Saunders, Philadelphia, Pa.

The subject of minor surgery and bandaging are well presented and profusely illustrated. Many of the cuts are from Esmarch. It is difficult to see the propriety of associating genito-urinary with minor surgery in a book of this sort, and of attempting to cover the subject of syphilis in nine pages of questions and answers.

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## NOTES AND COMMENTS.

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*A Plan for a Museum of Natural History in Cleveland.*—At a meeting of the Senate of the Western Reserve University, held on the evening of November 1, 1890, a paper entitled, "A Plan for a Museum of Natural History in Cleveland," was read by Francis H. Herrick, Ph. D., of Adelbert College. It was listened to with great interest, and the subject discussed by those present. A reference to this matter in the faculty report of Adelbert College last summer called out appreciative remarks from a non-resident alumnus, and suggested the possibility that he and some others might take up this particular work, now begun in the college, and carry it forward by degrees, until, possibly in the near future, it would find liberal patrons in this city. The paper of Professor Herrick, in full, is as follows:—

"The citizens of Cleveland who are interested in education, in the advancement of science, and in the study of nature, are invited to a careful consideration of the following plans for the foundation in this city of a biological museum, or museum of



natural history. What is needed in a public educational institution of this kind is, first, a general collection in natural history, selected with the greatest discrimination, which will reflect in the strongest and clearest light our present knowledge of the structure and relations of the great classes of all living things; and, second, a more detailed collection of the fauna and flora of this immediate lake region, which is more nearly within the range of personal observation, and therefore of most interest to the general public. These collections should be exhibited in a favorable and attractive way, avoiding all unnecessary technical details, and should be made as accessible and useful as possible to the people, and to all students of natural science. The characteristics of such a modern scientific museum of natural history, considered in more detail, may be briefly stated as follows:—

“No attempt would be made to amass miscellaneous collections of a nondescript character, or to emulate some of the older museums in covering several acres with glass cases, containing stuffed animals, which often serve to bewilder the visitor and to give him the impression that the ‘animal kingdom is a mighty maze without a plan.’ In other words, the object of the modern museum is not to collect indiscriminately, but to select with discrimination.

“The need is rather for a teaching collection of the animal kingdom, in which all the important types of animal structure shall be clearly illustrated by means of carefully selected specimens of the different groups of vertebrates and invertebrates. Thus the vertebrates, which include such diverse forms as the mammals, birds, reptiles, amphibia, and fishes, would be represented by a comparatively few typical forms of each class. For instance, no attempt would be made to exhibit hundreds and thousands of birds, but a limited number of species would be selected, which best illustrate the extreme of variation within the great class of birds. These would be represented by stuffed specimens, artistically and naturally mounted, by carefully prepared skeletons, by their nests and eggs, by specimens which show the change of plumage in the young, and seasoned changes in the adult, and by a series of embryonic stages of some one form like the chick. In a word, we would set forth the bird structure, the bird plan, and life history, to which the many thousands of species conform more or less perfectly. The mammalian type would be represented in a similar way, and so with the other groups.

“The local fauna of the lake region should be made as complete as it is possible to make it. Such a collection as this

would be a permanent source of pleasure and instruction to old and young alike; and, strange enough, it is this particular branch of home natural history (about which every one knows something and would like to know more), in which most museums are wanting or sadly deficient. The local fauna would include the food fishes of the great lakes and rivers. These should be represented either in the form of colored casts or by the actual specimens, and the mammals, birds, molluscs, insects, and other animals of this region, should be exhibited in the fullest measure. The important forest trees and shrubs should be illustrated by their flowers, fruit, leaves, and wood, together with the general flora, including ferns, mosses, lichens, and fungi, such as injurious rusts, smuts, etc., many of which could be shown by enlarged drawings.

"Besides these two central collections, it would be of great interest to have smaller and more compact collections to bring before the eye just those points which an intelligent public wishes to know about without wading through a mass of technical details, touching such subjects as the variation of species, the prevalence of rudimentary organs, the protective value of mimicry exhibited in a most remarkable manner in insects, and of adaptation to surroundings, the existence of homology, that is, similarity of structure, due to a common origin, such as the flipper of the whale, the fore limb of the horse, the hand of the mole, and the wing of the bird; the various degrees of individuality expressed among animals from micellular forms to forms which multiply by budding, like corals and sponges; sexual forms, like the higher animals, and communal forms, like ants and bees, which exhibit the most remarkable polymorphism, poisonous plants; poisonous or destructive insects, and the like. Thus, to illustrate by one instance, the variations met with within the species could be shown in a striking manner by a collection of the different breeds of pigeons and of the rock dove, from which all these varieties have probably been derived by artificial selection.

"Smaller technical collections which are intended to be handled, and are for the use of classes and special students in biology, should be directed to their needs, and, so far as necessary, kept apart from the more general collections.

"By a teaching zoological collection is meant a carefully-selected series of animals which represent types or plans of structure, supplemented by dissections of parts and organs, and, in fact, all structures which have great morphological interest. Such a collection has already been begun, and it will be increased each year just as much as our limited means and

opportunities will permit, even if the broader plan of the museum for the public and for all the students of the educational institutions of the city cannot be realized. The larger collection, such as we have considered, would represent the smaller one now being gathered, carried out and developed to a higher degree of usefulness. There would need to be but little duplication of material, except as regards the ordinary routine of class instruction, such as models, special preparations, etc., which bear a similar relation to a general collection as books of reference bear to the general library. The general collection could always be drawn upon for illustrative purposes in teaching. In other words, what we are attempting now represents the immature, the embryonic stage, and what we hope for in the future, the maturity of the adult condition.

"Such collections as have been described—the central typical collection, the collection of local fauna and flora, and the smaller supplemental collections—require for their permanent preservation and exhibition a building expressly designed for this purpose, with adequate means for lighting and ventilation, with laboratory rooms, preparation and working rooms attached to it. It should be amply and independently endowed, and without this assurance such an undertaking ought not to be begun. If it has to struggle with poverty, its growth must be slow and precarious, and its usefulness reduced to a minimum.

"It is proposed that such a museum be erected at the eastern end of the city in connection with the University and the educational interests which are being developed there. This part of the city is growing rapidly, and it is sure to become in the future the most important educational centre in the whole region. There are, grouped together, the Case School of Applied Science, Adelbert College, the College for Women, and it is expected that the Art School will soon be established there also. In the vicinity is Wade Park, with its growing attractions, its nucleus of a zoological collection, which will probably be developed as those of Philadelphia and New York have been. To the park, and to Lake View Cemetery, and to the country roundabout, thousands of people come every week during the greater portion of the year.

"An ideal museum of biology, such as has been outlined above, fully in touch with modern science, and with modern methods of study and instruction, giving unhampered access to the public and to the student at all times, would be a permanent ally of liberal culture and education, to the schools, to the University, and to the public at large. It cannot be un-



dertaken, and much less can it be carried to reasonably rapid and successful issues, without liberal endowment.

"Are there any citizens of Cleveland or residents of Ohio who are willing to aid in establishing such a museum of natural history in this city?"

Communications should be addressed to

E. BUSHNELL,

Adelbert College,

Cleveland, Ohio.

*The Man and the Bull*—The *Medical Age* discusses at length the subject of doctor's fees and doctor's bills. The editorial tone is sad and somewhat reproachful withal, especially in reference to the following reminiscence. "We recall," says the *Age*, "a man of wealth, and who still lives in luxury, no expense being too great where his own gratification is concerned, who squanders money like water in his political projects, who always demands a trifle more than the current value when he condescends to render a service, and who likewise requires the closest and most personal attention on the part of his family physician. He is no way chary in calling upon the latter at all periods, convenient or inconvenient, and needlessly detaining him for hours. Yet this man never liquidates his bill, save at intervals marked by years, and when it requires three figures for enumeration of the total, and then, without any consideration of interest, invariably demands a discount of ten per cent. or more. He tendered a consulting physician from a neighboring city \$30 on one occasion, and on another \$100 to a veterinarian from a like distance, who called to see a prize bull. The charges made by this medical attendant are always reasonable and exactly the same as those to his next door neighbor, who commands less than one-tenth the capital and luxury. Now we are not so much disposed to censure the patient in the above case as the modest and humble gentleman who attends him. The rich patient pays as he does, because he finds he can do so. Let the doctor double his fees and collect them promptly. People are very apt to believe that things are worth no more than is asked for them. The doctor should render good service and demand good payment, and not worry because a veterinarian gets a bigger fee than he does."—*The Medical Record*.

*Chinese Hair Imported to Europe*.—The British Consul at Canton, China (says the Paris correspondent *Therapeutic Gazette*), recently caused quite a sensation by stating that during the past year some eighty thousand pounds of human hair, worth about sixteen hundred dollars, were shipped through that port



to Europe. At the same time he remarked that most of the hair in question coming from beggars, criminals and victims of contagious diseases, it was a wonder to him how elegant European women can consent to wear such appendages. But, so far as France is concerned, an unexpected reply has been returned to the Anglo-Chinese sanitarium. Chinese hair, it seems, is too coarse for French beauties, and in consequence not wanted for female adornment. It is merely used for the helmets of cavalry officers. For privates in the dragoon or cuirassier regiments, a flowing mane of ordinary horse hair is considered the right thing. But officers need something a little better and finer, and Chinese hair has been found to just answer the purpose.

*The woman with scientific tastes* and a spare room or two to devote to the purpose may win fame by giving herself to the study of the habits of dragon flies. She must make her rooms attractive with miniature lakes and an abundance of rushes and other water-plants. Then having captured her dragon flies, she must put them in this new abode and introduce them to a goodly number of houseflies and mosquitoes. For some people believe that the extermination of the housefly and the mosquito is to be accomplished by the devouring dragon-fly. Scoffers may wonder whether the remedy is not worse than the evil. The dragon-fly, however, does not seek human blood, and the question which experimenters would have to settle is whether or not he is even sufficiently voracious of the mosquito to make his cultivation worth while.—*Home Maker*.

*Amendment of the Constitution Ohio State Medical Society.*—A. R. BAKER, M. D., Editor MEDICAL GAZETTE: Dear Doctor, I would state for information of readers of the GAZETTE that, in regard to the matter of proposed amendment to Constitution of State Medical Society, the following societies have replied favorably: Bay City, Belmont, Central Ohio, Cincinnati, Clermont, Cuyahoga, Gallia, Highland, Lebanon, Mahoning, Montgomery, Preble, Shelby, Tuscarawas. And none have replied unfavorably. Yours truly, G. A. COLLAMORE,  
Toledo, December 15, 1890. Secretary O. S. M. S.

*A bequest of fifty thousand dollars* has been made to Adelbert College of Western Reserve University in the will of the late David B. Feyweather, a leather dealer of New York city. The will, which was dated October 6, 1884, probated December 8, 1890, contains a large number of generous bequests to

colleges and hospitals; the amount given to the colleges alone exceeds two millions of dollars. The widow of the testator contests the will, not however on account of the bequests for educational and hospital purposes, but of codiciles donating immense sums to the executors.

*Alvarenga Prize of the College of Physicians of Philadelphia.*—The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1891. Essays intended for competition may be upon any subject in medicine, and must be received by the secretary of the college, Charles W. Dulles, on or before May 1, 1891.

*Dr. F. W. Brayton.*—We are pained to record the untimely death of this bright young physician. Dr. Brayton practiced for some years at Cary, Ohio, being associated with his father, an old and respected practitioner of that town. A short time since he associated himself with Dr. Jones of Toledo. A few weeks ago his mind became unballanced, and he was removed to College Hill Sanitarium, where he committed suicide by hanging.

*Dr. Roberts Bartholow.*—It is said by Philadelphia papers that Dr. Bartholow is perfectly rational on all points, excepting that he imagines that the police are shadowing him, and that his wife's affections have been alienated from him. We hope that rest and freedom from college cares may soon restore the mind of him whom we have all learned to revere.

*Fifty thousand dollars to Lakeside Hospital,* to be devoted to the building of the children's ward, is the munificent gift of Mr. W. P. Southworth, self-made wholesale and retail grocer of Cleveland.

*Wanted.*—A few extra copies of the last (November) number of the GAZETTE, for which we will pay twenty-five cents each.

*The name of Dr. Edward Preble,* who has recently located in this city, was misspelled in our last number.

*Dr. Jaimin Strong* has resigned his position of superintendent of the Northern Ohio Insane Asylum, to take effect January 1.

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CLEVELAND MEDICAL GAZETTE.

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VOL. VI.

JANUARY, 1891.

No. 3.

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ORIGINAL ARTICLES.

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PHTHISIS AND TUBERCULOSIS.\*

BY THOMAS HUBBARD, M. D., TOLEDO, O.

Professor Hygiene and Clinical Laryngology Northwestern Ohio Medical College.

[Illustrated by a series of photo-micographs used as lantern slides.]

The discovery of Robert Koch at once lifts his former discovery, the specific germ characteristic of tubercular neoplasms and of caseous degeneration, to a rank of great importance as a diagnostic agent. Listen to the words of this great pathologist.

“Up to this time the proof of the tubercle bacillus in the sputum was considered more as an interesting point of secondary importance, which though it made the diagnosis more certain, could not help the patient in any way, and which, in consequence, was often neglected. In the future this must be changed. A doctor who shall neglect to diagnose phthisis by all the methods at his command, especially by examining the sputum, will be guilty of most serious neglect of his patient whose life may depend upon the early application of the specific treatment.”

In the discoveries of Robert Koch, we see the blending of the two great classes of our profession, the pathologists and clinicians—the

\*Read at the Meeting of the Northwestern Ohio Medical Association, Lima, December 11



harmonizing of many of the discoveries of both so long apparently antagonistic, elevating therapeutics to an exact science, and directing pathological research into a channel leading to the same goal—the alleviation of sufferings of humanity.

What classification shall we adopt?

Special aids to diagnosis.

Dangers of inoculation and contagion are the points to be discussed in this paper.

We may for the present eliminate.

*Acute miliary tuberculosis*, and *chronic fibroid phthisis*—the one a general disease, sometimes very obscure, but generally having pronounced diagnostic symptoms, and the other a form of phthisis complicated with an increase of the fibrous connective tissue, due generally to some mechanical irritant that is present in the lungs more or less constantly, or to a chronic pneumonia.

Let us examine the classifications that were based upon the clinical study of the disease. Since the discovery of the bacillus tuberculosis the pathology of this disease has been based almost entirely on laboratory study, and the clinical classification has been ignored. It were folly to attempt to anticipate the conclusions of the Koch school, since his latest discovery may revolutionize all previously accepted pathological data. However, from a clinical standpoint we can profitably study classification.

We naturally turn to the literature previous to the new disturbing discoveries, and among the clinicians of that time, none were more clear and logical than Niemeyer. In reading his article on the pathology of phthisis and tuberculosis, one cannot but be impressed that his teachings are safe to follow, and they express the clinical experience of the majority of practitioners.

By way of contrast read the statements of the elder Flint. He grasped the discovery of Koch and incorporated it in his book while still in press. His clinical records are anomalous in many respects and his teaching often unsafe. Niemeyer makes inflammatory and catarrhal diseases of the respiratory tract the great predisposing factor in pulmonary consumption, at the same time admitting that tuberculosis may be primary. He makes the statement : *the greatest danger for the majority of consumptives is that they may become tuberculous.*



Thus he emphasizes these predisposing causes; taking cold, bronchitis and peri-bronchitis or broncho-pneumonia—capillary or catarrhal pneumonia. Any of these inflammatory states may lead to phthisis, and at any stage there is the liability to become tuberculous.

Flint takes a very radical position. He makes no distinction between phthisis and tuberculosis. He believes that the pathological neoplasm called tubercle is the important lesion and by caseous degeneration, cavities are formed. The catarrhal product filling the alveoli he designates as infiltrated tubercle, thus making no distinction between an inflammatory product and a neoplasm. He distinctly denies that catarrhal conditions predispose to consumption—in fact makes the broad statement that pharyngeal catarrh has seemed to him to afford a certain immunity against consumption.

From a clinical standpoint, which is more safe teaching? Most of us would unhesitatingly accept the pathology of Niemeyer.

Professors Gibbes, of Ann Arbor, and Shurley, of Detroit, have done much to put this vexed question on a permanent basis. Excepting some minor differences they advocate the teachings of Niemeyer. That is, eliminating the bacillus tuberculosis from the question, their pathology revives the teachings of the great German clinician, and they present many convincing facts against the doctrine of Koch and his followers. In fact they go even farther than Niemeyer in emphasizing the distinctions, pathological and clinical, between phthisis and tuberculosis and the lesions characteristic of both. Their report also modifies the claims of Koch as to the diagnostic value of the bacillus tuberculosis.

Below are presented a few cases illustrating the points that I wish to emphasize, bearing on *classification, diagnosis and dangers of contagion.*

Case II. Mrs. K, aet. 35, seen with Dr. G. A. Collamore, August, 1888. The family history of this lady was very bad. She had been confined to bed for some months with an obscure pneumonia, the lower left lobe being especially involved. Throat symptoms began to trouble her and an examination was made at this date. The ashen paleness of the pharynx and larynx was quite marked. An oedematous fold between the arytenoids was characteristic of the anæmic condition

she was in, but there was no ulceration, no positive evidence of phthisis or tuberculosis. Sputum abundant and mostly serous in character, with sediment of cheesy masses. Bacillus tuberculosis present, two different specimens examined. A few shreds of pulmonary connective tissue were found. Quantities of sarcinæ pulmonum were found. These have been referred to as indications of cavity formation (in the lower lobes) by Virchow.

The diagnosis which was made—phthisis—was not agreed to by her brother, a physician, of Philadelphia, even though the finding of bacilli tuberculosis was subsequently confirmed in Philadelphia. Strange to say he contracted the disease a few months later and died before his sister. Association with her suggests contagion, but there was back of it all a strong family predisposition.

In cases of lingering pneumonia the diagnosis is often extremely difficult. The foci of disease may be located deep in the lung tissues and physical signs of disease are obscured by normal areas.

The findings of the microscope are of material aid in these cases. An early diagnosis makes remedial treatment possible.

Another and similar case has just occurred in my practice. E. S., æt. 34, has been afflicted with a severe cough for some time. Family history not very good. He has one son about 9 years old, who is slowly failing from phthisis, and has had considerable care of him contrary to orders.

Several times during the summer his trouble has become so aggravated that he would leave his work for a week and then return. During this time, except a few weeks ago, he had no physical signs of note, excepting those of bronchitis. During the last two weeks there has been dullness over the left lower lobe, especially posteriorly. A few days ago examination revealed bronchophony over an area as large as the palm of the hand just below the lower angle of the left scapula. A careful examination of the sputum showed a few fibres of elastic tissue, probably from an eroded bronchus, and also bacilli tuberculosis. The constitutional symptoms were those of nervous exhaustion, for he had been greatly overworked. With rest and treatment, inhalations of creosote in ol. vas. and com., in pill form, tonics, etc., the gain would make one uncertain of diagnosis were it not for the positive testimony of the microscope. In both of these cases

the primary consolidation was probably of the catarrhal type, the alveoli filling with inflammatory products. Peri-bronchitis and bronchiectasis are a part of the consolidation and subsequent cavity formation. The first case probably had tuberculosis engrafted upon the primary disease process.

Case III. June, 1889, W. R., aet. 58, Scotch-Irish, a man of powerful physique and excellent habits, family history good. He consulted me on account of a persistent cough and great hoarseness and pain in larynx on deglutition. It was impossible to thoroughly examine his larynx, but glimpses revealed swollen arytenoids and nasty purulent masses lining the interior. Examination of the thorax was negative. No fever nor sweats. He works as usual, handling heavy boxes in a wholesale grocery store. The sputum was examined and a large number of bacilli tuberculosis were found. This induced me to give a very cautious prognosis, and local applications were given to relieve the chronic laryngitis. Also creosote and terebene in ol. vas. (De Vilbiss atomizer) was given in frequent inhalations. Oil globules in sputum some days after administration gave evidence of penetration. He also took petroleum emulsion with liberal diet and a little whiskey. Soon the laryngitis yielded and he gained rapidly in weight, suffering only from a slight cough. The specimens of sputum were examined about five and seven weeks after the first. *Bacillus tuberculosis* found once, but a careful search failed to reveal any two weeks later; four weeks later they were again present. He gained remarkably up to August 19, when he came suffering from a boil near the anus. This soon began discharging and has never healed. Pus from this contained bacilli tuberculosis. By October he had gained considerably, the throat not having troubled him at all. In June, 1890, I saw him and he was evidently failing very rapidly. Cavity formation was well advanced in both lungs, and emaciation was extreme. He was still at his work, however.

In this case the microscopical findings aided very materially in establishing the diagnosis. Such diagnosis antedated appearance of the physical signs many months, and by early treatment he was saved much suffering from catarrhal ulceration of the larynx and possibly a secondary infection with tubercular deposits.



Case V. W. E., aet. 30, clerk, August 7, 1890, a man of very fair physique, but above average height. Good family history. For some time has had postnasal catarrh quite badly. Two months previous had contracted bronchitis. Has lost about ten pounds since then. Has never left his work. He coughs considerably and raises purulent sputum, occasionally containing blood clots. The examination of the chest revealed no special features except bronchitic rales. Larynx and trachea hyperæmic. The sputum contained a large number of bacilli tuberculosis, but no lung tissue. During the next two weeks he had considerable pleurisy and quite copious hæmorrhages at certain hours of the day. At 5 a. m. he regularly had a coughing spell caused by severe oppression in chest, relieving himself of a varying quantity of fresh blood, mixed with frothy sputum. On August 28 I found bacilli tuberculosis and lung tissue. He was advised not to risk another winter here, and went to Colorado, where he now is, and from what I hear is slowly failing. When last seen there were no positive signs of consolidation or other physical evidences of phthisis. And the microscopical findings were the only positive diagnostic evidences.

Case IV. B. B., aet. 18, clerk, seen August 11, 1880. Referred by Dr. Bond. Family history excellent. Had rheumatism and pericarditis in January. Made partial recovery. Relapsed with symptoms of pleurisy. A large quantity of pus evacuated through bronchial tubes, and for several months he had been raising an enormous quantity daily. Emaciation, night sweats, etc., pointed toward consumption when first seen. An area of dullness in lower left lobe, together with the general symptoms indicated a possible empyema. Examination of sputum showed only granular debris, pus, abundance of bacteria, but no bacilli tuberculosis nor pulmonary connective tissue. This gave courage in making a favorable prognosis, and urging the operation of thoracentesis. This operation was performed by Dr. Collamore, September 14. About one quart of pus was evacuated. In four weeks he had gained over thirty pounds, and to-day the cavity in the thorax discharges only about a drachm daily and is slowly healing. This case furnishes a warning against the use of peroxide of hydrogen. It was used for some time, diluted with about six or eight volumes of water, containing a



little sulphite of sodium. It certainly searched out and destroyed the pus, and the general effect was excellent until it happened one day that the drainage tube had made a slight erosion on the pyogenic membrane lining the pleural surfaces, as was evidenced by a little blood flowing from the tube. The injection was given, when suddenly the patient fell over on the floor. Consciousness was lost. The face was cyanotic. Pulse was entirely gone. Respiration gasping. In about two minutes the pulse was felt thready and very rapid. In another minute it dropped down to forty per minute and was very soft. From this it gradually rose to normal in an hour. An intense headache and vomiting came on in about six hours, and patient was confined to the bed for two days. A possible erosion of a pyogenic membrane is a positive indication against the use of peroxide of hydrogen in my practice hereafter.

In this case the diagnosis by microscopical examination was made before the history was investigated, since the patient presented the general appearance of the last stage of consumption, and the result of the exploratory puncture by the trocar and canula were confidently anticipated on this basis alone.

A series of four cases of consumption occurring among the employees of a certain office bear strong testimony of the contagious character of this disease. The office surroundings and general unwholesomeness conduced toward lowering the vitality and resisting power of the occupants. The first case that I saw was a young lad referred by Dr. Thorne.

He came from a tuberculous family, father, mother and two or three brothers having died of it. He had small cavities in both lungs, but continued at work about the office. Frequently he had copious hæmorrhages when at work, and he would use the nearest receptacle. His expectoration was copious and purulent. I did not examine for bacilli but the character of the disease was evident. He died within six months in Colorado, whither he had been sent by sympathetic fellow workers. His retention at the office so long was prompted by pity for the orphan lad, but little did the givers of such charity appreciate the possible dangers of course. Within six months from the time that I saw him, three of the occupants have developed consumption. And now, a year later, as I am writing

these words, a message from Colorado announces the death of the chief of the office. His first assistant is in the last stage of consumption. Another clerk, at present in New Mexico, is in a precarious condition. All of these men were of exceptional vigor and intellectual capacity, excellent habits, and only one had a suspicious family history. The two that I attended had serious laryngeal disease, one being distinctly tubercular in character, the other a catarrhal ulceration caused by corrosive sputum. The latter was much relieved by treatment, but the tubercular deposit in the lungs progressed, and now the destructive process is far advanced. As to the character of the disease in the boy I cannot say, for I saw him only after cavities had formed.

The diagnosis was easily made in all of these cases by physical exploration. Elastic tissue was found in all, and later bacilli tuberculosis.

While the chain of evidence is not conclusive of a specific contagious influence, yet it emphasizes the responsibility of the practitioner in insisting on isolation of consumptives. At least we should insist that there is great danger of contagion where the environment is such that the vitality of the system is lowered. Supposing that any one of the above had developed consumption, then surely his associates in the same surroundings are exposed to a double risk, namely ; the unwholesome surroundings and also specific contagion.

[The publication of a case of possible inoculation must wait the results of autopsy and microscopical examination of the disease processes as found in jaw, larynx and brain.]

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## SCABIES : COMPRISING SOME ORIGINAL OBSERVATIONS AND DEDUCTIONS.

BY EDWARD PREBLE, M. D.,

Lecturer on Dermatology in the University of Wooster; late Chief of the Clinic for Dermatology and Venereal Diseases in the Out-Patient Department of the New York Hospital; late Instructor in Dermatology at the New York Post-Graduate School.

Scabies is clinically a dermatitis due to the invasion of the skin by a true (animal) parasite. The initial lesions are caused by the latter, and the secondary lesions are due to scratching, and to other

mechanical irritations, as pressure and friction. The disease is usually propagated through bed clothing as an intermediary. The mite itself, its burrow in the cuticle, and the fæces of the creature are theoretically demonstrable, while there are numerous predilection-areas, both of invasion and ultimate generalization, such as the fingers, volar surfaces of wrists, elbows, front of axillæ, female breasts, penis, buttocks, etc. Finally the parasite is easily destructible by various agents, and its consequences soon vanish.

One might therefore suppose that little remains to be said about this condition, either in individual cases or in communities; and that it might stand as a type of disease where our cognitions approximate mathematical accuracy. Nevertheless this is very far from being the case. A large portion of the subject-matter of this paper consists of a personal experience in contracting the disease, and the problems thereby suggested. In this connection, other points of interest are also discussed. We anticipate by stating that: 1. The etiology, as far as the mode of propagation is concerned, is not always explicable by the doctrine of diffusion between individuals through bed linen; nor are the teachings infallible concerning the order and *rationale*, of the diffusion of the parasite over the surface. 2. The course and termination, as regards abortive attacks and the possibility of spontaneous cure, may in time be shown to harmonize with those of other parasitic diseases. This is true of both acute and inveterate forms. 3. The diagnosis is essentially difficult, for the initial and pathognomonic lesions may at a given moment be conspicuous by their absence, the constant element consisting solely of the resulting dermatitis. A very weighty point, the failure to estimate which has greatly prejudiced the standing of many an able physician who has had but a single interview for diagnosis and treatment, is whether he has to deal with a dermatitis of external origin, like scabies, or a pruriginous condition due to an eczema or pruritus. In such a case it has often happened that an eczema has been treated by sulphur locally, while a case of scabies has been managed by diet and remedies to "act on the blood." 4. The treatment is seldom reduced to the minimum of duration and discomfort, and the relapses from re-infection through the patient's own garments and the articles shared in common with other members of the household, who have scabies, are



not sufficiently guarded against. The after-treatment and the occasional unpleasant consequences of sulphur vapor-baths also deserve attention.

In 1889 the writer visited a family as guest, living on the Florida frontier and consisting of a married pair (the husband a physician) and infant aged about one year, and soon noticed that all were suffering from inveterate scabies, dating in the parents from their bridal trip; having been contracted in all probability from the bedding of a sleeping-car. The mother had infected her child soon after its birth. The eruption was not severe, excepting on the mother's hands and child's feet, where it showed itself as a pustular dermatitis. With the exception of these members, where doubtless re-infection had repeatedly occurred between mother and child, the disease had been at times largely quiescent, with little or no treatment.

The writer had never had scabies, and took no precaution against contracting it, being rather curious to observe the possible onset of the disease upon himself. He used the same towel as his host, immediately after the latter, many times daily; the only other regular exposure was the seat of the water closet.

After perhaps a week a tense, clear, miliary vesicle suddenly appeared in the palm of the left hand, occasioning much itching, as well as slight pain from the tension of the skin at that point. This vesicle is the well known initial lesion of scabies, and corresponds to the burrowing of the *sarcoptes* into the rete malpighii to deposit her ova. This was positively the sole lesion for some hours, and the palm is by no means a predilection-seat for the lesions of scabies.

In a few days other tense vesicles appeared extending up the forearm. But in the meantime a vesicle had also appeared on the dorsum penis at the spot where that organ came in contact with the sharp edge of the seat of the privy; in fact, the slight tenderness at that point was the means of calling attention to the lesion. The vesicles appeared later about the adjacent parts. They were none of them treated, and the skin was not much scratched. This first crop of scabies lesions dwindled spontaneously, the *sarcoptes* having somehow failed to propagate itself. No burrows appeared, nor was the discoloration due to the fæces anywhere perceptible. The writer was inclined to hold this up as an example of spontaneous cure of scabies.



“Do not be too sure,” said his host, “my eruption was characterized by remissions during its early months.” At any rate new lesions shortly appeared, and rather profusely. and the eruption bid fair to develop in a classical manner. But a complication arose in the shape of a visitation from some species of flea, which abounded in the out-buildings of the place. For about a week the writer was nearly covered by the peculiar tubercular lesions due to the larger parasite, and which of course have not the slightest resemblance to the lesions of scabies. When the flea-bites had disappeared, not the slightest evidence of scabies remained. The writer shortly after this ended his visit. The scabies never recurred.

The conclusions warranted by these limited observations seem to be as follows: 1. Scabies may in many instances appear about the hands because the parasite has been conveyed thither by towels or other objects handled repeatedly and in quick rotation after a scabies patient. The old belief in propagation by the momentary and single contact of a hand-shake, exploded by F. Von Hebra, need not be re animated. But that teacher’s dictum that scabies must be contracted only after having slept with or after a patient with the disease, is much too sweeping when one considers the innumerable variety of possible domestic exposures between members of a single household.

2. Scabies is not necessarily transferred from the fingers to the penis in the act of urination, as taught by Hebra; for the fact that several men may occupy a privy-seat in immediate succession, with the custom of urination at the same time—the penis having been forced downwards with its dorsum in contact with the free border of the opening in the seat—is amply sufficient to explain the early appearance of lesions upon the back of the organ.

3. Scabies is not necessarily inevitable if the parasite once gets a foothold. Indeed it is likely that the first invasions may often prove abortive, or in other words the *sarcoptes* fails to breed at first, and that it establishes itself only after repeated colonies have invaded the host, from repeated exposure to a constant focus of infection. Moreover, since the disease may also spend itself after years of sojourn upon the host—the “seven years itch” of the laity—it is a moot point whether scabies might not be styled a self-limited

disease under special conditions. The opposite view has always been maintained. The ease with which scabies may at times be cured by mere friction with soap and water also favors the writer's views, and emphasizes the probability that persistent scabies is due rather to repeated invasions from without, than to true inveteracy. The disappearance of the disease in the writer's case after the experience with fleas, is explicable through the fact that violent frictions with a brush were used to allay the itching of the flea-bites. Other conclusions drawn not from the foregoing case, but from the writer's general experience, are as follows:

4. It is most important that the physician should not confound scabies with eczema or any other pruriginous affection, such as lichen planus (which also occurs about the volar surfaces of the wrists and the penis). Such errors, by general practitioners, almost invariably react severely upon them in the mind of the laity. Frictions with soda-soap and water, with the use of sulphur, would be the worst possible treatment for an acute eczema. In scabies this treatment will also aggravate the dermatitis, but the sudden cessation of the itching shows that the diagnosis is correct, and the dermatitis yields to soothing measures in a few days. The writer's experience is that scabies puzzles students more than any other common skin-disease, but that after the lesson of a succession of blunders the disease is more promptly and certainly identified than almost any other condition of its clinical family.

How shall we explain this? In dispensary practice we do not spend much time in searching for the initial vesicles and burrows, for these may be absent, or they may be simulated by other conditions. Undoubtedly it is the distribution of the secondary lesions, the dermatitis, with the *constant exemption of the head and face*, together with the statement that the patient's room-mate, or wife, or other member of the household, has a similar affection, which enables us to approximate a diagnosis very promptly. There is a clinical variety of scabies which *does not itch*. Here, as might be expected, we find only the primitive lesions, the vesicles and cuniculi, no dermatitis having occurred. Naturally it is in this variety that a knowledge of the direct action of the *sarcoptes* is indispensable. Finally, there is a *post scabium* condition, where the parasite has been

unwittingly destroyed by some ointment or lotion, and there remain only traces of the primitive or consecutive lesions. It is important to recognize this condition, which quickly recovers if let alone, because the patient may be exposed to a relapse, or rather a re-infection, from the original source of the parasite.

5. Concerning treatment, enough has been said to show the necessity of guarding against re-infection. The parasite may be thoroughly destroyed "while you wait," provided one has an attendant who will first scrub him with laundry soap and warm water, followed by dry friction, with the immediate application of some mild parasiticide ointment, containing sulphur, carbolic acid, naphthol, etc. If this is impracticable, the patient should allow some three days for the cure, wearing all the time, both night and day, the same suit of underwear; he should make the application himself every evening, as best he can, and during the day should also take a sulphur-vapor bath at a bathing establishment. The cure may be reckoned complete with the cessation of the itching.

The dermatitis resulting from the scratching and from the anti-parasitic treatment yields readily under mild lotions and ointments containing bismuth, zinc oxide or calamine. After the use of sulphur-baths there is occasionally observed a brownish discoloration of the hands and arms, due to the formation of some sulphide, which ordinarily requires some two weeks to wear off. The writer discovered several years ago that this discoloration could be instantly removed by hydrogen-peroxide, rubbed in with a hand brush after first softening the epidermis by soap and hot water; and although this discovery was published in the *Journal of Cutaneous and Venereal Diseases*, 1886, he is not aware that it has ever received the attention which it certainly merits.

No. 337 Prospect street.

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## SALICYLIC ACID: AN EXAMINATION.

J. G. SPENZER, M. D., COLUMBUS, OHIO.

Pagenstecker in 1834 discovered salicylol (salicylous acid) by oxidizing which Piria and Ettling, 1837, produced salicylic acid. Although since then methods for its preparation have been numerous and varied,



its applications were meager and retarded because of the expense attached to its manufacture. Not until Kolbe and Lautemann prepared it synthetically from phenol and carbonic acid, through the intervention of metallic sodium, was the price lowered perceptibly; and Kolbe soon, 1874, rendered experimentation feasible, which finally resulted in its important application to medicine and the arts, by the discovery of a method which, somewhat modified, is still used to-day; i. e., the use of sodium-phenate and carbonic acid gas.

Of the numerous processes contributed two only are now in use, that of Kolbe, just mentioned, producing a synthetic acid; the other, due jointly but independently to Cahours and Procter, 1843, forming the so-called natural acid by operating on oil of wintergreen, from which it is possible to produce at once a preparation of a high degree of purity, thereby differing from the synthetic acid of fifteen years ago, when it contained as impurities phenol, tarry and resinous products, mineral substances, meta and para-oxybenzoic acids (isomers of salicylic acid) and creosotic acids (homologues of salicylic acid), which latter were formed from the cresoles (homologous with phenol), existing in the carbolic acid used, sodium and calcium compounds, chlorides, sulphates, carbonates, glycerine, etc., and was adulterated with sugar, starch, silica, potassium bi-sulphate, calcium sulphate, etc.

Of these impurities meta and para-oxybenzoic and creosotic acids are very undesirable, the latter being particularly objectionable, and to it undoubtedly may be attributed much of the unpleasant effects noticed medicinally.

Because of its impure condition the artificial acid fell into disrepute especially in internal medication, being superseded for this purpose to a certain degree by the natural acid, which, when first prepared from the oil, was made from the oil of *Gaultheria procumbens*, containing besides methyl salicylate (the essential ingredient) from a trace to ten per cent. of a terpin isomeric with oil of turpentine. The oil was soon adulterated with oils from *Gaultheria punctata* and *leucarpa* (richer in the active principle) and lastly with oil from *Betula Lenta* bark, (cherry birch) practically pure methyl salicylate. At present an artificial oil of wintergreen is on the market; it is



made by distilling salicylic acid or a salicylath with methyl alcohol and strong sulphuric acid.

With this possibility of substitution or adulteration of the natural oil with the phenol synthetic, and knowing that the employment of purer materials in the manufacture of synthetic salicylic acid has removed most if not all impurities, the writer undertook in the present examination to settle in his own mind at least, the mooted question of preference, if any, between the natural and artificial acid.

Sixteen samples, although bearing labels of seven different firms, were undoubtedly made by but two manufacturers. They were subjected to tests for the following :

1. Chlorides.
2. Sulphates.
3. Calcium compounds.
4. Non volatile mineral substances; also starch, silica, etc.
5. Insoluble mechanical compounds.
6. Foreign organic matters, resinous, coloring and iron.
7. Meta and para-oxybenzoic acids.
8. Phenol.

1. Chlorides—Addition of nitric acid and silver nitrate to an aqueous solution of salicylic acid or a ten per cent. alcoholic solution.

2. Sulphates—Addition of barium chloride to a dilute hydrochloric acid solution of the acid.

3. Calcium compounds—Addition of ammonium oxalate and ammonia to a dilute acid solution.

4. Non volatile mineral substances; also starch, sugar, silica, etc. Heat some of the acid in a test tube held in a slanting position and moving it backward and forward through a small flame. (Hager.)

A good sample should leave no residue, or at most a faint haziness.

In applying the test it may be preferable to elevate the test tube above a small flame, which does not touch it; as if direct heat is applied, brownish deposit always occurs.

5. Insoluble mechanical compounds—Dissolved in absolute alcohol it should leave no residue.

6. Foreign organic matters, resinous, coloring and iron.

a. Boiled in a test tube with ammonium hydrate it should not

become colored, or at most only of a light yellow. (Rasenack Dammer's Lexikon, p. 797.)

b. Shaken with conc. c. p. sulphuric acid in a test tube it should produce a colorless or pale yellow solution. (Hager Phar. Centralhalle, vol. 17, p. 434.)

This test is official in the United States and German Pharmacopœias, and Hager considers it more trustworthy than Kolbe's. The U. S. P. says should not become colored in fifteen minutes.

c. A saturated solution in absolute alcohol, allowed to evaporate spontaneously in a watch-glass over a white surface in an atmosphere free from dust, especially iron (and ammonia, Rasenack Dammer's Lexikon, p. 797) colorless, efflorescent crystals are produced; resinous matters and phenol make the crystals brown; organic coloring a light yellow, while iron produces a violet or pink coloration.

This test was advised by Kolbe, 1876, (and von Heyden, 1879, Prescott Org. Analysis, p. 444).

7. Meta and para-oxbenzoic acids—Salicylic acid dried at 100° C. and agitated with anhydrous chloroform should dissolve completely, leaving para and meta-oxbenzoic acids undissolved. (Allen Commercial Org. Anal., vol. 3, pt. 1, p. 57). Heat may be employed if necessary. (Baudrimont Dictionnaire, p. 79).

8. Phenol—

a. Odor on opening a bottle which has been closed for some time.

b. Odor developed when fifteen grains are heated in a dry test tube by immersing in water a little below the boiling temperature for fifteen minutes. (Prescott Org. Analysis, p. 444).

c. Solution with excess of sodium carbonate and water, shaking with ether, evaporating the ethereal extract and testing the same. (Phar. Germ., 1882).

d. If 5 c. c. of saturated aqueous solution of salicylic acid be poured into a test tube, into which had been introduced shortly before a crystal of chloride of potassium and 2 c. c. of hydro chloric acid, and some water of ammonia be now carefully poured on top, the latter should not assume a reddish or brownish tint, (U. S. Ph., 1880).

Squibb, 1883, says that a pinkish coloration is produced in the best medicinal grades. In but one instance was a brown line of demarca-

tion wanting between the lower liquid and the ammonia; still the ammonia layer remained colorless until the brown coloration was diffused throughout it by the passage of small bubbles of hypochlorous acid produced in the lower liquid. If the ammonia is not carefully placed upon the surface (as with a pipette bent upwards), a brownish coloration in the ammonia is generally produced, thus leading to inaccuracies. This does not occur if the necessary precautions are taken.

*e.* Almen, 1887, employs chlorinated soda solution and ammonia, avoiding an excess of the former, and adding last the ammonia to an alkaline reaction, reveals 1-5000 phenol at once, 1-50000 after twenty-four hours; the color is red in an acid reaction and blue in an alkaline. (Prescott Org. Anal., p. 444).

*f.* The method of J. Muter (Allen Com. Orig. Anal., part 3, p. 55). Boil 10 grains in half an ounce of water; cool; decant the solution and add to it 1 minim of a saturated solution of potassium bicarbonate, 1 minim of aniline, and 5 drops of solution of bleaching powder, when if carbolic acid be present a deep blue color will be produced.

*g.* To a solution of 0.2 gm. of salicylic acid in 1.0 gm. of conc. sulphuric acid (produced by agitation and cooling to prevent the development of too much heat), a quantity of potassium nitrite is added; a greenish coloration is produced if phenol is present; sodium nitroprusside may be substituted for the potassium nitrite, in which case a rose tint is produced, differing in shade according to the amount of phenol present. (Baudrimont Dictionnaire, p. 79).

If the specimens used can be taken as a criterion of the market supply there is no choice between the natural and the synthetic; while nothing seems to be desired beyond the present crystalline synthetic.

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## \*REPORT ON PROGRESS IN DISEASES OF THE NOSE AND THROAT.

BY JULIUS WOLFENSTEIN, M. D., CLEVELAND, O.

It will be my endeavor to present to you in brief, only the most important points in the progress made during the last years in the

\*Read before the Cuyahoga County Medical Society, July, 1890.

various subjects included under the diseases of the nose and throat. I will not bore you with theories, hypotheses, or long statistical tables, which are only of interest to the specialist, but I will merely aim to place before you a few condensed reports of subjects of general interest in the special diseases with which my report deals.

#### LITERATURE.

First it may be interesting to give a brief statement concerning the number of articles which have appeared on the subjects of my report during the first half of 1889, (*Intern. Centralblatt fuer Laryngologie, etc.*, April, 1890).

The total number of articles appearing in all civilized countries was 845, in which Great Britain and its colonies rank first, with 169 articles, with the United States a close second with 153 articles. From these statistics one can inform himself of what subjects seem to predominate in interest in the various countries. Taking the United States as an example, we lead in the highest number of articles on the nose and naso-pharynx and on diphtheria and croup, while again we rank very low in the number of articles on the thyroid gland and the œsophagus.

During the year past several new text books and new editions of well-known standard works have appeared. I will briefly mention only the most important.

I. *Bosworth's Diseases of the Nose and Throat*, Vol. 1, including the diseases of the nose and naso-pharynx. This was intended to be the second edition of Bosworth's "*Diseases of the Nose and Throat*," published in 1881, but very little of the old subject matter has been retained. The book is quite large, containing 670 pages, including the indices, and is hardly a work for the general practitioner of medicine, being intended for specialists. The special diseases of the nose and naso-pharynx are very fully treated—the neoplasmata especially so. There is also added a very good chapter on the external surgery of the nose to obtain a larger access to the nasal cavity and naso-pharynx for the removal of tumors. This latter article is finely illustrated. No mention is made in the work of congenital malformations of the nose, a subject which ought not to have been omitted in a complete treatise on the subject. Bosworth condemns



the galvano-cautery and advocates chromic acid as the caustic *par excellence* for the nose; his opinion in this matter is evidently prejudiced, for the galvano-cautery is almost universally accepted as the much safer, more pleasant and efficient cautery. The book is a credit to American bibliography and can be heartily recommended to the specialist.

II. *Voltolini's* late work on the diseases of the nose and nasopharynx was published only a few months before his death. In it is laid down the rich fruits of his long experience, and it will always remain a valuable acquisition to rhinology. It is intended for the specialist, and will be of most value and interest to one already practically engaged in this special line. Naturally as the introducer of the galvano-cautery in the treatment of the diseases of the nose and throat, he strongly advocates its employment. He also strongly advises the use of electrolysis in the treatment of post-nasal tumors before adopting the extra-nasal methods. He lastly recommends the use of the incandescent electric light for the "translumination of the nose," or as it is termed in the original "Durchleuchtung der Nase." This promises to open a large field for further investigation, and most probably with practical results.

III. The third edition of *Schech's* diseases of the mouth, pharynx and nose, has lately appeared in German. This is especially intended for the student and general practitioner. It is concise, clear and to the point, and can be most highly recommended.

IV. The third edition of *Gottstein's* diseases of the larynx, (German), has also been published lately. This book is also intended for the student and general practitioner, and it fulfills its requirements in presenting the subject, including the latest investigations, with conciseness and perfect objectiveness. Like the second edition, a most interesting chapter is added on diseases of the larynx in their connection with cerebral affection. This work of Gottstein is undoubtedly the best extant in any language on the special disease of the larynx.

#### GENERAL.

To give an idea of the prevalence of the diseases of the nose and throat, allow me to quote *Chappell* (Intern. Journal of the Med. Sciences, Feb., 1889), who examined 2000 children, among whom 1231

presented some abnormality in the nose or throat, viz.: adenoid vegetations in 60, especially among boys; hypertrophy of the anterior portion of the turbinated bones in 260; hypertrophy of the middle turbinated in 161; hypertrophied tonsils in 270; deflections of the septum in 330, and lastly, exostosis on the septum in 150.

Cocaine has proven its usefulness with time, and is to-day an indispensable agent in rhino-laryngeal operations. Almost all operations can be performed entirely devoid of pain, both in the nose, pharynx and larynx. It is to be used in 10-20 per cent. solutions, and is to be painted thoroughly upon the membrane to be operated on. The spray should be used as little as possible, for it is very difficult to regulate the quantity used in this way of application; besides, the constitutional effects of the cocaine are much more frequently observed with the application of the spray than with the brush. Cocaine should only be used for local anæsthetic purposes, since a prolonged use of it in chronic nasal obstructions, due to hypertrophic rhinitis, rather tends to increase the prevailing obstruction by causing further relaxation of the tissues.

#### NÖSE.

Obstruction of the nasal passages caused by hypertrophies of the membrane or deviated septa, is receiving much attention. Many cases are reported where treatment of the obstruction — generally by means of the galvano-cautery — or removal of the outgrowths of the septum, was followed by a complete cessation of many symptoms which, on casual examination, did not seem to be in any way connected with the nasal disease. I refer to the reflex nasal neuroses and other conditions of neighboring organs, *e. g.*, spasmodic sneezing, headache, vertigo, asthma, post-nasal catarrh, inflammatory conditions of the middle ear, causing deafness, and even laryngeal affections, as inflammatory and nervous disorders, *i. e.*, paralysis of certain groups of muscles, paresis of the vocal cords, etc.

Guye, of Amsterdam, first called attention to a peculiar mental condition of patients with obstruction of the nasal passages, which he termed *aproxexia*, by which he means, the impossibility of directing the attention to a certain subject for any length of time. He recently added some later observations on this condition in four cases of

obstructive changes in the nose, namely, hypertrophy of the mucous membrane, and adenoid growths in the naso-pharynx, where the aprosopia disappeared with the removal of the obstruction.

As in following out every subject in medicine we should not go to extremes. On the one side maintaining that there is no such thing as reflex nasal neurosis, and again on the other trying to treat all the above-named affections, like asthma, vertigo, etc., by nasal cauterization. We should always aim to follow a rational method of dealing with these cases, judging every one on the symptoms it presents after a thorough and complete examination. Inasmuch as we know that there are affections of nasal reflex origin, it is not too much to ask that in each case of the affections mentioned above, an inspection of the nose be included in the general examination—which will often reveal the true origin of the case in question.

Ziem again calls attention to intra-ocular diseases in the affections of the nose and its accessory cavities, especially of the antrum of Highmore (Berl. Klin. Wochenschr, Nos. 35 and 36, 1889). He reports seven cases of contraction of the visual field which were benefitted by treatment directed to the nose. In four cases the sight for distance increased; in three cases increase of accommodation was observed. In every case but one of the seven there was passive hyperæmia of the papilla. These intra-ocular conditions were all due to changes in the circulation, *i. e.*, congestion dependent on hyperæmia in the veins of the nose and antrum of Highmore and consequent passive hyperæmia of the ciliary body which regulates the circulation of the eye.

The treatment of empyema of the antrum of Highmore has been much discussed of late. The general view concerning the etiology is greatly in favor of the dental origin as being the prime factor in the majority of cases, while occasionally the disease may arise from nasal inflammation. The general treatment consists in boring a hole through the alveolar process, after extraction of a molar, into the antrum and washing this out with antiseptic solutions. Hartmann believes that almost all cases can be cured with injections through the natural opening of the antrum in the middle meatus of the nose, but to find this opening requires much skill. Mikulicz has lately devised a method by which the patient is not annoyed by wearing a



canula and having the pus drop into his mouth. The method consists in making an opening into the antrum under the lower turbinated bones in the outer wall of the nose and using antiseptic solutions through this opening. Good results have been obtained by this method. At best a case of empyema of the antrum of Highmore is a very tedious affection, and tries both the endurance of the patient and the physician.

#### PHARYNX.

Hypertrophied tonsils are now generally reduced by galvano-caustic punctures rather than by tonsillotomy, except in children. While the method with the galvano-cautery requires much time, as many as five to eight operations being necessary for each tonsil in intervals of several days, still the method is almost painless, without hæmorrhage; while tonsillotomy is painful and often accompanied by profuse hæmorrhage. Besides the general conformation of the throat is not disturbed with the galvano-caustic method, which is quite important in individuals who use their voice to any extent, especially for singing.

#### DIPHTHERIA AND CROUP.

Diphtheria and croup are now generally looked upon as identical diseases, differing only in their manifestations by the number and character of the organs involved. The bacillus of Lœffler is almost universally considered as the etiological agent. Every investigator of repute has found the same in the majority of cases examined except Mitchell Prudden, who examined twenty-four cases; in twenty-two cases he found a streptococcus in the membrane and internal organs, but he could never find the bacillus of Lœffler. This is very peculiar if we examine the researches of other investigators, *e. g.*, Ortmann, (Berl. Klin. Wochenschr, No. 10, 1889), found the bacillus of Lœffler in fifteen of the sixteen cases examined; \*Zarnika, eighteen in twenty cases; \*Escherich, twenty times in twenty-two cases examined, and lately Brieger and Fränkel (Berl. Klin. Wochenschr, Nos. 11 and 12, 1890), found them in all the twenty-two cases examined. Hence the bacillus of Lœffler is to-day considered the causative micro-organism of diphtheria.

It would require too much time to mention even briefly the ex-

\*Quoted from R. Paltauf's report in Wien. Klin. Wochenschr, No. 14, 1890.



periments made with the diphtheritic virus or extract first obtained by Roux and Jersin. It is described as a ferment, and in its pure state it is a snow white, amorphous, crumbling and very light substance of great toxic properties, being fatal in proportion of  $2\frac{1}{2}$  mgr. to one kilogram of the animal experimented on, (Brieger and Fränkel).

Another almost universal opinion in this matter is that diphtheria is from the beginning an entirely local affection, the general symptoms being due to infection from a septic material absorbed from the local lesion, hence antiseptic local treatment is advised, general measures being of course not neglected.

Numberless remedies have lately been recommended for this terrible disease, but in spite of all the valuable knowledge gained in the etiology and pathology of this disease, we must confess that the present treatment is not more successful than that of twenty years ago.

A few words for intubation. This procedure is growing in favor in treating diphtheria of the larynx, the results being about the same as those of tracheotomy. But one can not be used as a substitute for the other; they should go hand in hand and supplement each other.

The latest statistical table (*Brown*, N. Y. Med. Journal, March, 1889), collected from all sources, gives 2,368 cases of intubation with 647 cases, or 27.3 per cent. of cures; this is about the same average as that of tracheotomy.

#### LARYNX.

Tuberculosis of the larynx is now being treated almost universally with local applications of lactic acid, from 20 per cent. solutions to the pure unmixed acid, according to Krause, of Berlin, and with success. A good percentage of the cases are cured entirely of the local laryngeal tuberculosis.

Many other remedies have been recommended for this disease, as menthol (20 per cent. solution in olive oil), which is occasionally followed by good results; then iodoform, iodol, carbolic acid, pyoktanin, etc. Then also the curettement of the tuberculous ulcers and infiltrations, a very sensible and efficient but rather painful and dangerous method on account of the œdema glottidis which occa-

sionally follows. Good results can doubtlessly be effected with all of these methods, but the lactic acid treatment seems to be looked upon with the greatest favor. One great point has been gained in this experimental treatment, and that is, with good hygienic measures, and especially thorough local treatment, tuberculosis of the larynx is positively curable, in a large percentage of cases.

Allow me to add a brief statistical table to corroborate this last statement. Sokolowski, of Warsaw, reports two series of fifty cases each, of tuberculosis of the larynx (Wiener Klin. Wochenschr, Nos. 4, 5, 1889). In the first fifty cases a general treatment was instituted, which resulted in eight cases of improvement of the laryngeal tuberculosis. In the second series of fifty cases, thorough local treatment was combined with the general treatment. Thirty-four of these cases were treated with local applications of lactic acid in 50-75 per cent. solutions, with twenty-five cases of improvement, and of these, perfect healing of the ulcers in ten cases. The remaining sixteen cases were treated with curettement, the galvano-cautery, incisions, etc., combined with lactic acid pencillings and insufflation of iodol; the result was improvement in fifteen cases, and of these, ten cases of complete cicatrization of the ulcers. Hence complete cure in twenty cases and improvement in forty cases of the fifty. In the first series, no per cent. of cicatrization against 40 per cent of the second series, and 16 per cent. of improvement against 80 per cent. These figures speak for themselves.

In conclusion, I would like to briefly mention a very important table of statistics prepared by Felix Semon, of London, with the aid of reports furnished by 107 prominent laryngologists of the globe. He published these statistics in the "*Internationales Centralblatt fuer Laryngologie*," and lately they have appeared as a monograph with the complete detailation of the cases, etc. This monograph is entitled, "*The question concerning the degeneration of benign neoplasms of the larynx into those of malignant character, especially after intra-laryngeal operations.*"

This was the question raised by Mackenzie and his adherents in the celebrated case of the late German Emperor and emphatically affirmed, *i. e.*, that benign neoplasms of the larynx not rarely degenerated into malignant tumors, especially in consequence of operative

interference. If this were proven to be true, the former method of treating not only benign laryngeal neoplasms, but those of any mucous membrane would naturally have to be dropped, for by our endeavors to remove the tumors we would only endanger the lives of our patients. Semon has proven beyond doubt the utter falsity of this view by his statistics, which I will briefly quote:

In 10,747 cases of benign laryngeal neoplasms, degeneration into malignant growths was observed in 45 cases, or 1 to 238. Of these 10,747 cases, 8,216 were not treated by intra-laryngeal operations. Degeneration occurred in 33 cases, or 1 to 249. In the 2,531 cases of benign laryngeal tumors which were treated by intra-laryngeal operations, there were 12 cases of spontaneous degeneration, or 1 to 211. To use Semon's words, "so that there are more spontaneous degenerations in the non-operated cases, than post-operative degenerations in the cases where intra-laryngeal operations were employed." This is as far as my time will allow me to enter into the valuable and interesting monograph of Semon, but these figures surely prove that intra-laryngeal operations have absolutely no tendency in producing malignant degeneration of formerly benign neoplasms.

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## CORRESPONDENCE.

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### OHIO STATE MEDICAL SOCIETY VETERAN CORPS.

Cleveland, January 12th, 1891.

Editors of the Gazette:

Since the Ohio State Medical Society has organized a Veteran Corps, would it not be a good thing to request all thirty year men, to report in person at the next meeting of the Society? And also to bring along something old or new in their experience.

Respectfully,

W. J. SCOTT, M. D.

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### LETTER FROM BERLIN.

Editors of the Gazette:

The present status of data over the Koch tuberculosis remedy is so chaotic one is at a loss to say what has been determined up to date. Published observations cover so short a period that it is diffi-

cult to measure their weight or judge their value, and clinicians are very conservative or indefinite in answering inquiries in the last few weeks. The heavy weights in the Berlin hospitals came out in print early in the procedure; since then they are saying little or nothing. Second reports of their cases will doubtless give us certain results. True it is the "cure" was published too early, and the scramble which has ensued has been a disgrace to the science of medicine, and to-day it is not mankind nor science, but the pecuniary returns that interest the greater number of those using the remedy.

At present the established facts of the substance's utility may be summarized as follows: *Lupus vulgaris* is cured, whether but temporarily can not yet be said. Cases in the Berlin hospitals of the most persistent and horrible forms of the disease, many of them of years' standing, which have previously been treated by good men and methods, have recovered with clear skins after from fifteen to twenty-five injections. The number and size of the doses injected depends on the individual and the severity of the disease process. Phthisis in advanced stages where the greater portion of the lungs are destroyed is not benefited; in fact death seems to be hastened. That the substance is dangerous is demonstrated by a considerable number of deaths. The presence of tubercle in the brain, not previously diagnosed, may, by the action of the drug, be the cause of an unexpected and undesirable termination of the treatment, as in an instance reported from Innsbruck, where a case of lupus, the patient a young girl, died thirty-six hours after a small injection.

As a diagnostic agent the real value is in doubt. In some cases where diagnosis had been made certain by the presence of the tubercle bacilli, and in others which post-mortem made plain, the characteristic reaction has not followed injections. Single injections frequently fail to produce a rise of temperature which comes on after the second, third or fourth increased dose. Fever has in some instances followed injections given weak patients having other than tuberculosis.

In joint forms of the disease, results are as yet incomplete, though discharges and pain lessen and mobility increases.

In phthisis "we have no brilliant results to report," is the testimony of several of the most capable observers. Incipient stages,



which Professor Koch gave the hope in his communication of cure in four to six weeks, do not improve so rapidly. Cases under treatment from twice to three times so long are not yet free from all symptoms, though some no longer react to injections. Laryngeal does better than lung phthisis.

This week's *Deutsche Medicinische Wochenschrift* contains a report from Professor Dr. Sonnenberg, of Moabit Hospital—this is the institution where 150 beds were given by the city to Professor Koch's supervision—of four cases in which the thorax was opened to afford drainage to lung cavities. The operation is quite simple. A piece of rib overlying the cavity is resected, the pleura punctured, the intervening lung tissue burned through, and the walls of the cavity charred with a thermo-cautery—Paquelin. No hæmorrhage resulted. The cavity was packed with iodoform gauze, which was changed daily. "It is safe," says Professor Sonnenberg, "to count on adhesions of the pleura in advanced stages of phthisis, and this was present in three of the four cases, and in the fourth case it has occurred 14 days after the operation. A copious flow of pus, lung detritus, and the crusts, produced by burning, were discharged from the cavities. No ill results followed the operations and the injections were resumed. What the outcome will be can not yet be said."

Post-mortem studies of the injected cases are interesting and instructive. Two advanced cases of general tuberculosis recently died in the clinic of Professor Leyden; one had received injections of 1, 2, 3 and 4 mg. the second eight doses ranging from 1 to 40 mg. The first showed the characteristic reaction, the second had almost no rise of temperature. The use of the remedy had been in both cases discontinued several days before death occurred, so the substance had time to produce results. Herr Dr. Jurgens, of the pathological institute, made the autopsy. An epitomy of his report is as follows: In both cases the disease processes were referred to almost every organ in the body. The changes, due to the Koch lymph, varied in different locations. The lungs in both cases were almost completely destroyed by fresh and old caseous pneumonia. The cavities had intense hyperæmic walls, were without caseous contents, and in places was a clean pus formation. But neither in the cavern nor in spots of tubercle infiltration were changes found which could with safety be credited to the remedy.

In both there was a severe double pleurisy, which had been fresh in the last days of life, certainly during the application of the remedy. Was it a result of the lymph?

The inner surfaces of the larynx and trachea were thickly set with deep large ulcers. In the case which had received eight injections numerous ulcers were covered with good strong granulations. Some still had caseous contents, or caseous infiltrations of bottom and edges. Tubercle in the vicinity had lost their typical appearance; others were in process of being thrown off. Microscopical examination of the granulations showed them to be typical tissue of their kind, having a strong diffuse infiltration of round and pus cells. The tubercles were without giant cells and with a fatty metamorphosis in the centre of the nodule.

The tubercle ulceration of the intestines presented a less favorable appearance. Here was found numerous tubercles both in base and edge of the ulcers. The surfaces and edges were hyperæmic, the vessels being very fully gorged. Only in the lower part of the colon was good granulation in process. Here also was a hemorrhagic injection of a zone of vessels about the ulcers.

In the liver the tubercles were small in size and had no giant cells nor could bacilli be found. In the whole liver, and especially in the perivascular connective tissue of the foetal system, was a strong infiltration of round cells resembling leucocytes.

I do not hesitate to state, since in the spleen and kidneys a similar condition was present, that through the Koch remedy a general leucocytosis is produced, and that in this way a certain influence on the tubercle in the parenchymatous organs is brought about, whose final result in the cases before us is not yet reached. Significant seems to be the absence of giant cells, indicating either the proliferation process was so strong that cell formation of this kind was not possible, or that the giant cells, by the proliferation process were broken up into smaller elements. This point was further investigated in the marrow of the femur and humerus. Here also were caseous tubercles surrounded with hyperæmic zones, and peripheral strong cellular infiltrations, lying as dead masses. Here also failed the giant cells and tubercle bacilli." Further investigations are needed on this point.

Berlin, N., January 2, 1891.

J. C. GRAHAM, M. D.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### ELISHA STERLING.

We are called upon to record the death of another well known physician, surgeon and scientist of this city. Dr. Elisha Sterling, was born at Sailsburg, Conn., August 15, 1825. His parents moved to Cleveland a few years later, when it was a town of 500 inhabitants.

Dr. Sterling began his professional studies under Prof. Ackley, and after securing his degree, went to Paris to complete his studies. While there he was invited by Prof. Ricard to accompany him on a professional visit to Louis Napoleon and to perform a surgical operation. He visited Humboldt in Berlin in 1849, and in his correspondence is frequent mention of Lamartine, Louis Blanc, Rollin, Coste and Joseph Remy. It was as a pupil of Jean Jacques Victor Coste that Dr. Sterling witnessed the experiments of Joseph Remy in

artificially hatching the eggs of trout from the Vosges mountains, in the cellar of the observatory, Luxumburg gardens, Paris, 1850.

Dr. Sterling was the only American who witnessed the operations of Remy, and as he was a close friend of Dr. Garlick, the father of fish culture in America, it has been intimated that Dr. Garlick received assistance from Dr. Sterling in his initial experiments.

In 1855 Dr. Sterling returned to America and was appointed by Jefferson Davis, then Secretary of War, surgeon and naturalist to an expedition sent out to survey a railroad route from the Sacramento valley in California to the Columbia river in Oregon. The expedition was under command of Lieut. R. S. Williamson, and among the other officers were Philip H. Sheridan, John B. Hood, George Crook, Mc Cook, Gibson and Dearing.

As a surgeon Dr. Sterling preformed a number of notable operations; it is said that he was the first surgeon on the Western Continent to successfully perform the operation of Excision of the hip joint; the patient surviving eleven years.

The Kirtland Society of Natural Science was the result of Dr. Sterling's efforts, and its first meeting was held Feb. 25, 1869. The late Prof. Baird of Washington credits Dr. Sterling with being the first to make plaster casts of fish. His great work pertaining to fish and fishing, was stocking and populating the famous Castalia stream with trout, and to him the sportsmen of Cleveland are indebted for that paradise for anglers.

During the civil war Dr. Sterling served as surgeon in the Ohio light artillery under Gen. Barnett, and was wounded in the ankle by a bullet, from the effects of which he never wholly recovered.

Of late years Dr. Sterling has ceased to practice medicine and engaged in writing for the *Forest and Stream* and papers of natural research. A few months ago he had a slight stroke of paralysis which proved to be the beginning of the end. His widow and five children survive him.

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#### A POPULAR COURSE OF SCIENTIFIC LECTURES.

The first number of the Popular Course of Scientific Lectures to be given this winter under the auspices of the Western Reserve Univer-



sity was delivered in the Amphitheatre of the Medical Department, corner Erie and St. Clair streets, Tuesday evening, January 6, by Rev. Cyrus S. Bates, D. D., rector of St. Paul's Episcopal Church. The subject of Dr. Bates' address was "Agnosticism," and was an eloquent and scholarly presentation of the subject. There was a large attendance of medical students, physicians and others well known to professional, scientific and literary circles, including a large number of ladies. Following the lecture the lecturer, the president of the university, Dr. Thwing, and a number of the professors held a reception in the faculty room. Light refreshments were served, and a pleasant hour made enjoyable for all.

These lectures cannot fail to be of great interest and value to the citizens of Cleveland, and the University certainly deserves great praise for presenting such an excellent programme. The following are the lectures, subjects and dates of the remainder of the course :

January 13. "How to Write and Speak good English."	.....
.....	Prof. Edwards P. Cleveland.
January 20. "A Greek Sanitarium of the Fifth Century before Christ."	.....
.....	Prof. Bernadotte Perrin, Ph. D.
January 27, "An Evening with the Planets and Stars."—Illustrated by Stereoptican Views—	.....
.....	Mr. Worcester R. Warner.
February 3. "The Proper Domain of Law."	..... J. E. Ingersoll, Esq.
February 19, "The beginning of Life."—Illustrated by Microscope.—	.....
.....	Francis H. Herrick, Ph. D.
February 17, "The Ethics of the Medical Profession."	.....
.....	Charles F. Thwing, D. D., President Western Reserve University.

### CUYAHOGA COUNTY MEDICAL SOCIETY.

The regular monthly meeting was held at No. 20 Euclid avenue Thursday, January 8. An interesting case of gout was reported by Dr. Kahn, which we intend publishing, together with some illustrations made from photographs, in our February number. The case is now under treatment of Edison, the famous electrician, who expects to effect a cure by electrolysis. We hope that his investigations in this respect will prove more satisfactory than his attempts to cure deafness.

The discussion on the treatment of typhoid fever was opened by Drs. Cook and Tuckerman, and participated in by Drs. Knowlton, Sawyer, Holliday and others.

The report on progress of surgery was omitted owing to the absence of Dr. Allen, the reporter, in Europe.

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### KOCHINIANA.

The lay press has vied with the medical journal, in copious reports from Berlin, and has eagerly brought out every article sent to the publisher by anybody or by any nobody. The mass of printed stuff about "Kochine" has accumulated till interest flags and only a sense of duty keeps the discriminating reader to the task of keeping up with the progress the new discovery is making. It is now clear that the past few weeks have produced but little change in the opinion held by the most experienced observers of the remedy and its action. At least they have not been provoked into expressing their altered convictions, and we may fairly assume that in the absence of telegraphic news to the contrary, their printed statements of a fortnight ago are substantially in accord with their ideas to-day.

What these ideas are, told by literal or close translation from original statements available in the recent files of the Cuyahoga County Medical Society's list of journals, it is the purpose of this collect to furnish. The detailed history of cases is carefully avoided, and only the concise summing up of experience into candid opinion has been carefully sought and brought for comparison and convenient reference, when the originals a few months hence are no longer accessible. It is not meant to cast disparagement upon case records, but coin is more usable than bullion.

*Ewald* in discussing his 100 cases wishes to bring forward into prominence the diagnostic value, and to speak with hesitation about the therapeutic value. He had "not observed a single positive case in which there was retrogression of the anatomical process in the lung." In some cases he "had seen consolidations appear, and discovered caverns not before observed."

*Ebstein* (Gottingen) confirms the statements of Koch as to the phenomena of the reaction, but reserves judgment.

*Czerny*, of Leipsic, says: "Positive cures have not been obtained with the remedy. It is more than probable that advanced cases have

been more harmed than helped. In initial stages, or where we have to deal only with lupus, Koch's discovery remains as one of the most brilliant accomplishments of medical therapeutics."

*Burkart* in Bonn says: "On account of the short time under treatment we cannot speak as yet of permanent results in our cases. In certain cases the impression was made that a change for the better occurred. On the other hand, several patients clearly were influenced unfavorably in their general condition. \* \* \* In advanced cases, to be used only with greatest caution or not at all."

*Linduer*, 43 cases of surgical tuberculosis in Augusta Hospital, Berlin: "We have, as we expected, confirmed in our cases all that Koch in his own publication described as the effect of his method, that the remedy exercises an extraordinarily powerful influence upon tuberculous tissue; and have gained the impression that under this treatment tuberculous processes take a much more rapid and favorable course than before. These last statements are emphatically only personal impressions, and the work of years will be required to determine whether they be true or false. Whether Koch's method exercises a curative influence upon tuberculosis can not yet be positively stated, but requires years of study, especially in respect to relapses."

*Albert Frankel*, 32 cases, Berlin: "The road to an effective treatment of phthisis is here entered upon. We can only give expression to the wish that the genial discoverer of the tubercle bacillus, who has been the first to tread this path will also pursue it to accomplishment."

*Hermann Krause*, speaking of the objective manifestations in the larynx, says he is "more firmly convinced than when making an earlier report, that in the therapy of laryngeal tuberculosis, we are justified in expecting satisfactory results from this remedial agent, not alone in beginning, but also in far advanced cases, in that positive improvement, and even cure, may be looked for. The time has been too short to justify expressions upon the question of relapses."

*Von Schretter*, Vienna, is convinced "that only after a long time and quiet observation can trustworthy conclusions be reached."

*Senator* declares the remedy positively contra-indicated in tuberculous affections of the cranial cavity.

Maydl declares his "faith in the diagnostic value completely shattered."

Guttmann, working with Koch's personal co-operation at Moabit Hospital, presents two cases as completely cured.

From a masterly clinical lecture by Leyden, the following statements are chosen, based upon 127 patients, receiving 615 injections in a period of four weeks. "A final decision can not yet be reached." "The remedy possesses a specific influence upon tuberculous masses; it is a chemical process which produces a congestion, a reactive inflammation." "The diagnostic value of Koch's agent is on the whole to be granted, but in no wise is it infallible. There are tuberculous individuals who do not react; individuals not affected who do. Therapeutically we may say that already we must grant a curative influence in lupus and laryngeal tuberculosis." "Clinically it is difficult yet to pronounce upon the question of cure. In beginning phthisis we have heretofore been measurably successful, and in no wise helpless."

In conclusion he says: "We hope through Koch's discovery to have won a specific which will considerably increase our cures."

The French journals say but little, and their opinion seems to be stated by Cornil in the expression, "Useless in advanced phthisis febrile, with caverns."

Jurgens, discussing the postmortem examination of two severe cases of phthisis, treated with the agent in Leyden's clinic, after noticing certain vascular appearances on the walls of the cavities and mucous membranes, draws especial attention to a severe sero-purulent and hæmorrhagic pleurisy, double, which he could positively affirm had appeared in the days of life, that is, while the agent was being applied.

After stating the observed phenomena, he "*steht deshalb nicht an auszusprechen*," that Koch's agent produces a general leucocytosis, and that in consequence of this, a general influence is exerted upon the tuberculous process.

Virchow can be quoted in this article, not from his own words at our command, but only from telegraphic reports. He confirms the above statement of Jurgens as to leucocytosis, and points out several cases in which the process had progressed disastrously. He affirms



moreover, and this is a point of tremendous importance, that in the serous membranes particularly, an invasion of fresh tubercles has been observed. He urges, therefore, the greatest circumspection in the use of the agent, on the ground that, although its peculiar activity is now well established, the results of its reactionary process are still in doubt, and may yet be proven positively harmful.

Meanwhile the remedy will be tested another month and then he hopes to speak more at length.

J. C. S.

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## AMONG OUR EXCHANGES.

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The continually increasing interest in the *bacillus tuberculosis* of Koch, and its bearing on diagnosis and prognosis, renders every simplification of the process of effective differential staining of the bacillus, of interest to the profession. DR. MORRIS MANGES, of New York city, \* has been for some time using a modification of Friedlander's method of staining on the slide alone, dispensing wholly with the covers, glasses, dishes, etc., which were necessary in the old methods, and served to deter all but gentlemen of more or less leisure from doing practical work in this direction. Moreover the solutions he makes use of will keep for months without deteriorating, and do not, as is true of aniline water staining reagents, continually require to be prepared afresh. The sputum is spread with a clean needle or pair of forceps, in a thin layer on a thoroughly cleaned glass slide, covering a space about as large as a nickel. This slide is allowed to dry in the air, while a second one is similarly prepared. Then the slide first prepared is passed three times through the flame as in the original method, and five or six drops of Ziehl's carbol-fuchsin solution are filtered upon it, and the slide is held over the flame, specimen side up, till steam begins to come off, when it is put aside on a level surface, while the operator brings the second slide to the same stage. Over-heating should be carefully avoided, as it spoils the specimen. Only just enough heat should be applied to cause steam to arise. The first slide is now rinsed clean of superfluous stain

\*Medical Record,

with distilled water, (a wash-bottle is preferable). Drain off excess of water and filter over the specimen a few drops of Gunther's acid methylen-blue solution, allowing it to act from thirty to sixty seconds, wash again, dry, and clear with cedar oil, when the specimen is ready for examination or mounting. Ziehl's carbol-fuchsin solution consists of :

R <sub>y</sub>	Sat. alcoholic solution of fuchsin.....	10.0
	Acid carbolic cryst.....	5.0
	Aq. destillat. ad.....	100.0
The formula for Gunther's acid, methylen-blue solution is :		
R <sub>y</sub>	Methylen-blue .....	2.5
	Alcohol .....	20.0
	Acid sulphuric.....	25.0
	Aq. destillat. ad.....	100.0

It would seem that the brevity of this method, if other observers shall find it equally satisfactory, and the lessening of the number of re-agents, etc., which it allows, should commend it to general practitioners, who are too much driven to spend the time required by the more cumbersome methods heretofore in vogue ; and that thereby a larger number of the profession may be enabled to make practical demonstration of the presence or absence of the bacillus, as an aid to their diagnosis and prognosis. But fuchsin is rapidly acquiring a reputation beyond that of a mere staining re-agent, as an adjuvant to alcohol in preventing the growth of pyogenic bacilli in *chronic ulcers*, and then promoting their healing. It is very highly recommended by DR. JULIUS ROSENBERG, of New York city,\* who has been for some time using it in the almshouse on Blackwell's Island, as a local application. The ulcers to which he applied it were all of them unhealthy and foul smelling, and some of them were painful. The solution he found most useful was as follows :

R <sub>y</sub>	Fuchsin .....	grs. xii.
	Alcohol.....	
	Aquæ.....	aa fl. 3viii.—m.

The ulcer was washed with warm water, the solution thoroughly applied to its surface. a bit of raw cotton, which had not been deprived of its oil, was saturated with the solution and applied to the

\*Medical Record, December 13, 1890.

raw surface. Cotton batting was wrapped around the limb and bandages applied as usual. The dressings were changed every two to four days. He reports forty cases treated. The results are that discharge and odor and pain cease, and healthy granulations promptly spring up. The disadvantages are that it stains so. This can be avoided by using a small syringe in applying the solution, and, by using for the pledget on the surface of the ulcer, cotton which has not been deprived of its oil, the stain does not spread to the outer dressing. The cheapness of this dressing is a point very greatly in its favor. Iodol, aristol and other German patent medicines are no doubt efficient, but they come very high; out of reach, in fact, of the poor who most sorely need them, and if the same result can be accomplished by a preparation whose formula is open and unpatented, so that any pharmacist can prepare it, we should give it a thorough test.

DR. HOWARD'S method of raising the epiglottis in chloroform narcosis is a good thing to bear in mind.\* He lays the patient on the back upon a high cushion, and keeps the head extended at almost a right angle to the spine, and by so doing he finds it unnecessary to pull forward the tongue. This position not only raises the epiglottis, but by bending the spine backward the obstruction in the pharynx is also removed. He claims that it is an easier and more efficient procedure than the method of Lister and Syrne, and better, as it requires no instrument. The intolerance manifested by so many toward salicylic acid is attributed by DR. FLOYD CLENDENEN, of La Salle, Ill.,† to the kind of salicylic acid used, rather than to the idiosyncrasy of the patient. He prefers, moreover, bicarbonate of potassa as a solvent. The only kind of salicylic acid he considers fit for internal use, is that crystallizing in yellow needles, and made from oil of wintergreen. The white flocculent powder made from coal-tar products, he finds not to be well tolerated and therapeutically inert. Have any of our readers noted such a difference? In an article on *Headache*, DR. HUGO ENGEL,† calls attention to a practical point in its treatment, viz., that if the tongue is heavily coated the ordinary remedies will not give relief until the *primæ viæ*,

\*Sei-i-kwai, Medical Journal, October, 1899.

†Medical Summary, January, 1891.

are unloaded, either by a cathartic or an emetic. The latter he uses in case nausea already exists ; otherwise he prefers six to nine grains of blue mass, followed by a saline draught, some three hours later. This he follows by such of the anti-neuralgics as may be indicated in the given case.

The strong testimony as to the value of DR. ROBERTS BARTHOLOW'S method of treating *acute dysentery*, by a saturated solution of Epsom salts, is given by DR. A. W. D. LEAHY, of India.\* He cites ninety-five cases with only two deaths. The solution is made as follows :

R Magnes. Sulphat..... q. s. add to saturate.

Aquæ..... fl. ʒ vii.

Acid Sulphuric dilut ..... fl. ʒ i.—m.

S. tablespoonful in water every hour or two, until it operates. Morphine, or starch enemata with laudanum, may also be used if indicated. Dr. LEAHY maintains that under its use fever, if present, disappears ; mucus and blood are wanting in the stools, which become *copius*, feculent and bilious ; the tenesmus ceases ; the patient's anxiety diminishes ; the skin acts well and sleep follows the administration of the first few doses. It is especially in the *acute* cases that sulphate of magnesia is so valuable : the more chronic the case becomes, the less apparent are the advantages of this method of treatment." After the stools have become normal in color and appearance, an ordinary mixture of acid with laudanum or tincture of cannabis indica is all that is needed to complete the cure. *Carbolic acid* when taken in any quantity, is so rapidly fatal that it is all but useless to talk of antidotes ; but where there is time to act, the *soluble sulphates* are the most effective antidotes known ;† for with free carbolic acid or creasote, they promptly form the perfectly harmless sulpho-carbolates, whenever they come in contact.

## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio.

A MANUAL AND ATLAS OF MEDICAL OPHTHALMOSCOPY. By W. R. Gowers, M. D., F. R. S. Third edition edited with the assistance of Marcus Gunn, M. D. P. Blakiston, Son & Co., Philadelphia, 1012 Walnut street. 1890.

\*Lancet, October 4.

†Lancet, Clinic, November 29, 1890.



The author has conferred a great favor upon the general practitioner in preparing this third edition, if his work upon MEDICAL OPHTHALMOSCOPY, by omitting the cases that were described in full in the previous editions and substituting brief epitomies, the size of the work has been reduced so that it can be furnished at a cost so reasonable that every general practitioner can afford to place a copy in his library. With one or two exceptions all the cases described and figured were met with in the course of purely medical work, and presents a graphic illustration of the intimate relation that exists between the work of the ophthalmologists, and that of the general practitioner of medicine. The assistance of Mr. Marcus Gunn will lend additional value to the work for the specialist, as thus we have the subject presented to us from both the standpoint of the specialist and the general practitioner. We predict a larger sale for the work than ever before.

A MANUAL OF MODERN SURGERY: AN EXPOSITION OF THE ACCEPTED DOCTRINES AND APPROVED OPERATIVE PROCEDURE OF THE PRESENT TIME. FOR THE USE OF STUDENTS AND PRACTITIONERS. By John B. Roberts A. M., M. D., Professor of Surgery in the Women's Medical College, Penna., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc., with 501 Illustrations. Philadelphia, Lea Bros. & Co. 1890.

In his preface the author states the object of his labor as follows: "I have endeavored to write a practical work, giving the surgical principles and operative methods generally accepted and practiced by the leading surgeons of the world at the present time. The opinions of the best authorities, the methods of the most practical surgeons, and the well established facts of surgical science are discussed; but the consideration of theories, historical questions, traditional views and operations, and innovations of undecided value has been rigidly avoided."

This promise made in the preface best describes the book, for the author has well succeeded in attaining the ideal attempted.

Obviously where the discretionary power of one mind undertakes to select from the vast domain of modern surgery the material for a representative single volume, it is not probable that the result will in every particular satisfy every other mind. One surgeon will prefer one operation where another operative procedure will commend itself to another surgeon, and individual judgment will occasionally deviate from the consensus of opinion. But where there is so much

excellence one dislikes to criticise on points, as for example—the entire omission of chloroform anæsthesia. While we can agree with the author on the great preference of ether for the majority of operations, chloroform is too important an agent to be entirely ignored without at least a description of the proper method for its administration as compared with ether, and the statement of its superiority for children.

All things considered, we regard this as among the best of the text books in the market, and in some respects superior to any of its predecessors. It is well arranged, very concise, and will doubtless take its place as a student's text book in many schools.

A Dictionary of Practical Medicine by various writers, edited by James Kingston Fowler, M. A., M. D. P. Blackiston, Son & Co., Philadelphia, 1890.

The contributors to this volume consists of from forty to fifty gentlemen well known to the profession, all of them being connected either with medical schools or hospitals of London. All subjects belonging properly to surgery have been excluded. It is arranged alphabetically and includes a general index with cross references, so that any subject can be found immediately. To further facilitate ready reference each article is divided by subheadings into which the descriptions of diseases are usually divided, such as symptoms, diagnosis, prognosis, pathology, morbid, anatomy, etiology and treatment. After a careful examination of the work it seems to us that it is in the treatment that the work is particularly strong. It is frequently stated by the practitioner that few works on the practice of medicine are of value when they come to the treatment of disease. We think this work will prove very satisfactory in this respect; the exact doses and combination of the various drugs recommended being given in most cases.

## NOTES AND COMMENTS.

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*The Northwestern Ohio Medical Association* could not have made a better selection for president than our old friend, Dr. S. S. Thorne, of Toledo. We hope the next meeting will be held in Toledo, as suggested, and that the Northeastern and North Central societies be invited to meet with them and that the invitation be accepted and a

large delegation be present from the two latter societies. Participation in the work of this ideal association cannot fail to have a good reflex influence, and may stimulate the delegates to do better work at home.

*Nurses Directory.*—Between thirty and forty first-class nurses have been registered at the Nurses' Directory. During the past month they have all been engaged except one or two male nurses, and at times have had considerable trouble in supplying the demand for good nurses. We believe that there are a few trained nurses in the city who have not registered. As it is the intention of the management of the Directory to keep accurate information as to the qualifications and whereabouts of all competent nurses in the city, we should be pleased to register any who can satisfy us that they have had sufficient experience or training.

*Illustrations.*—We have made arrangements so that we can furnish necessary illustrations to articles published in the GAZETTE, and the improved paper we are now using is well adapted for the purpose, and we hope in the future to make this one of the features of the GAZETTE. Authors wishing to have illustrations of cases or pathological specimens will do well to correspond with the editors.

*Dr. John P. Sawyer* and *Dr. G. C. Russell* have removed to the "Nottingham Block," No. 89 Euclid avenue.

*Dr. Harrold Clapp* received the appointment of house physician of the Hospital for Women and Children to fill the vacancy until the first of April, caused by the resignation of *Dr. Jassamine McAlpine*.

*Death of Dr. Patterson.*—News was received in the city yesterday announcing the death of *Dr. James W. Patterson* at his home in Norwalk Monday morning. *Dr. Patterson* had been in poor health for several years, his affliction being consumption. Deceased was an Erie county boy only a few years ago. He was a son of *Mr. Samuel Patterson*, the well known fruit box manufacturer, of Berlin Heights, where he made his home until about 8 years ago, when he graduated as a physician from the Western Reserve Medical College. He has since practiced his profession at Olena and Norwalk, and gained a large practice and reputation as a skillful practitioner. His many friends in this city and in the east end of the county will sincerely regret his death.—*Ex.*

*In some hospitals in Europe* it is customary to allow visitors to converse on certain days, by means of a telephone in a waiting room, with patients in the wards, and this arrangement has been found to work admirably in allowing communication without possibility of contagion.

*Dr. J. B. Walker* has removed to 166 Euclid avenue.



*Could not Stand It.*—Sympathetic visitor—Mrs. A., what do you suppose makes you suffer so? Mrs. A.—I don't know I'm sure, and I believe nothing but a post mortem will ever show. S. V.—You poor thing; you are so weak you never could stand that!—*Newport (R. I.) News.*

*Quicker than Lightning.*—"As quick as lightning" is a phrase colloquially used to express the maximum of rapidity. But according to a contemporary, electricity is outstripped by that old-fashioned machine, the human body, by which it appears power can, so to speak, be generated in the brain, transmitted through the nerves and developed in the muscles in an infinitesimal fraction of a second. It is stated that a pianist in playing a presto of Mendelssohn, played 5,595 notes in four minutes and three seconds. The striking of each of these, it has been estimated, involved two movements of the finger and possibly more. Again, the movement of the wrists, elbows and arms can scarcely be less than one movement for each note. As twenty-four notes were played each second, and each involves three movements, we would have seventy-two voluntary movements per second. Again, the place, the force, the time, and the duration of each of these movements was controlled. All these motor reactions were conditioned upon a knowledge of the position of each finger, of each hand before it moved, while moving it, as well as the auditory effect to force and pitch, all of which involves at least equally rapid sensory transmissions. If we add to this the work of the memory in placing the notes in their proper position, as well as the fact that the performer at the same time participates in the emotions the selection describes, and feels the strength and weakness of the performance, we arrive at a truly bewildering network of impulses, coursing along at inconceivably rapid rates. Such estimates show, too, that we are capable of doing many things at once. The mind is not a unit, but is composed of higher and lower centers, the available fund of attention being distributed among them.—*Electrical Review.*

*Hereditary Chorea.*—Man aged 40, in whom the movements were irregular and very much exaggerated. Hydrobromate of hyoscyanini gr. 1-200 t. i. d.; practically cured in one month.—*Times and Register.*

*Vomiting of Pregnancy.*

R	Menthol.....	gr. xv.
	Aq. distill.....	3 v.
	Rectified spirit .....	3 v.

S. tablespoonful given hourly till vomiting ceases.

*Dr. J. N. Hines* has removed his office to 603 Prospect street.

*A Doctor Writes.*—I circumcised a little fellow six years of age, and when he recovered from the anæsthetic he remarked: "That is the meanest thing one fellow ever did to another."



## MODERN MEDICINE.

First they pumped him full of virus from some mediocre cow,  
 Lest the smallpox might assail him, and leave pitmarks on his brow ;  
 Then one day a bull dog bit him—he was gunning down at Quogue—  
 And they filled his veins in Paris with an extract of mad-dog ;  
 Then he caught the tuberculosis, so they took him to Berlin,  
 And injected half a gallon of bacillæ into him ;  
 Well, his friends were all delighted at the quickness of the cure,  
 Till he caught the typhoid fever, and speedy death was sure ;  
 Then the doctors with some sewage did inoculate a hen,  
 And injected half its gastric juice into his abdomen ;  
 But as soon as he recovered, as of course he had to do,  
 There came along a rattlesnake and bit his thumb in two ;  
 Once again his veins were opened to receive about a gill  
 Of some serpentine solution with the venom in it still ;  
 To prepare him for a voyage in an Asiatic sea,  
 New blood was pumped into him from a lep'rous old Chineese ;  
 Soon his appetite had vanished! and he could not eat at all,  
 So the virous of dyspepsia was injected in the Fall ;  
 But his blood was so diluted by the remedies he'd taken,  
 That one day he laid him down and died, and never did awaken ;  
 With the Brown Sequard elixir though they tried resuscitation,  
 He never showed a symptom of reviving animation :  
 Yet his doctor still could save him, (he persistently maintains,)  
 If he only could inject a little life into his veins.

—Puck.

*According to Wiener Klinische Wochenschrift.*—A girl 17 years of age died, after an injection of two milligrams of Koch's lymph, for *Lupus*. Dyspnœa and heart failure ensued, and the patient died thirty-six hours after the injection.

This case indicates the necessity of the greatest circumspection in dosage and conditions of administration.

*Preachers who Endorse Patent Medicines*—I. Preachers who endorse patent medicines are accomplices in fraud.

II. They speak of things of which they know nothing.

III. Religious papers and preachers join in with swindlers of whom they could quickly and easily have been informed.

IV. A theological course does not fit a man to give opinions on disease and drugs.—*Dixie Doctor*.

*Journal of the American Medical Association.*—An effort is being made to remove the *Journal* office from Chicago to Washington. We have seen no valid reason for making this change. If it should become necessary to remove the publication office from Chicago, we think that New York or Philadelphia would be preferable.

*John W. True* of Cleveland, who had half completed his medical studies at the Western Reserve, died on December 22, of typhoid fever. At a meeting of his class the following resolutions were adopted :

*Whereas*, The life of our classmate and friend, John W. True, has been brought to an untimely end, and

*Whereas*, He, through his sterling qualities as a friend, student and classmate, has won a lasting place in the memory of all who knew him ; be it

*Resolved*, That we, the Middle Class of the Medical Department of Western Reserve University, hereby express our sorrow and regret in the loss of a beloved classmate, and

*Resolved*, That we extend our heartfelt sympathy to the bereaved friends in this their affliction, and

*Resolved*, That these resolutions be printed and a copy sent to the parents of the deceased.

*A New Hospital in Cleveland*.—Mr. J. B. Perkins has donated the old homestead property, corner Detroit and State streets, for hospital purposes. About thirty-five thousand dollars have been already subscribed ; articles of incorporation have been filed, plans submitted, and work will be commenced soon. The hospital will be under control of the Medical Department of Wooster University.

*Pathetic Appeal*.—A religious paper out West addresses its readers in the following strain: " Your mother read the *Advocate* before you were born, and read it many a day as she rocked and hummed you to sleep. She has gone home to heaven. This year's *Advocate* may guide your feet safely to that same heaven. Brother, can you afford to hush these memories and quench this light for \$2.70 ? "

*Dr. B. L. Millikin* has been confined to Charity Hospital for the past few weeks, with typhoid fever. We hope soon to see our confrere back to his office, as well as ever.

*The Railway Age* has established a department devoted to the railway medical and surgical service, which will be conducted by R. Harvey Reed, of Mansfield, O.

The editor in charge of this department earnestly solicits from railway officers and employes and from medical men, news items and personals relating to the surgical service, such as the appointment or promotion of surgeons, removals, changes, improvements, cases of injury or severe illness or death of surgeons, and such other information pertaining to this department as will be of general or local interest to the railway world.

*Composition of Koch's Lymph*.—The remedy, says Prof. Koch, which is used in the new treatment consists of a glycerine extract derived from the pure cultivation of tubercle bacilli.

*Dr. A. J. Davis* was recently elected to fill the vacancy on the visiting staff of the Hospital for Women and Children.

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THE  
CLEVELAND MEDICAL GAZETTE.

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*VOL. VI.*

*FEBRUARY, 1891.*

*No. 4.*

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ORIGINAL ARTICLES.

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PYREXIA.\*

BY A. R. SMART, M. D., TOLEDO, O.

Professor of Physiology, Northwestern Ohio Medical College.

A consideration of Pyrexia involves the study of normal heat functions. The generally accepted theory concerning animal heat, and its maintainance at a fixed standard, is that the mechanism consists of three factors, viz., heat production or thermogenesis, heat dissemination or thermolysis, heat regulation or thermotaxis. Of thermogenesis and thermolysis we have fairly defined and accurate notions. Of the thermotaxis function we have hardly more than speculative ideas. That such a function exists seems certain, but its seat and scope are not as yet settled. Heat production is a result of all the body metabolisms. It is not to be considered a mere oxidation, although this is a factor in the production of animal heat. It is important to remember that other physiologico-chemical processes contribute largely to the development of heat. Hydration, chemical changes, friction, are all important elements. Again, combustion is not to be accepted as defining body oxidations. The heat equivalent of a complex substance is not the same as that of its combined atoms, although the sum total of kinetic force developed by body meta-

\*Read before the Northwestern Ohio Medical Association at Lima, Ohio.

bolisms may be nearly identical with the rapid oxidation of combustion outside the body; they are found by a far different and more complex process. Heat production is greatest when nutritive changes are most active. The muscles yield at least three-fourths of all the body heat. Next in importance comes the glandular system, chiefly the liver, because of the extensive oxidations and metabolisms carried on in that organ. The temperature of the blood in the hepatic vein is from seven to nine degrees higher than the general circulation. A small quantity of heat comes from the nerve activities. Probably the largest proportion of animal heat comes from the oxidation of glycogen. The ultimate destiny of this substance has long been in doubt. There is much to indicate that it is stored in the muscles and is there oxidized with generation of heat. It is certain that the motor and thermogenetic function of muscles are independent of each other. Although the motor function undoubtedly evolves heat, the experiments of Mendelsohn last year show that muscular contraction is a final effect of micro-chemical processes, whose first effect is to produce heat. Great increase in excretion of urea may occur without increased heat. It cannot, therefore, be accepted as proof of increased oxidation. It is well known that elevation of temperature is not an evidence of increased heat production. Excretion of carb. ac. is a more certain indication of heat increase than excretion of urea, showing it more probable that the oxidation of the carbo-hydrates is more concerned in heat production. Heat production goes on while the muscle is in a state of rest as well as during motor activity. It is known that thermogenesis depends upon normal nerve relations. If a muscle be separated from its nerve connection with the governing center, as may be done with curare, which paralyzes the motor plate connection, the blood coming from it, although a liberal supply of arterial blood is furnished, will show little or no carbonic acid, while the venous blood coming from a muscle in normal relation, but at rest, contains more carbonic acid than that of the right ventricle. It has been suggested that the heat producing mechanism of muscles is innervated through the trophic nerves, and is independent of the motor supply. The centres governing thermogenesis are thought to be in



the corpora stuata. Irritation of this area, not involving the vaso-motors, causes an increase of two to four and a half degrees in heat production in the body muscles. It has been conclusively proven that the excretion of urea, carbonic acid and similar waste products is not a certain index of metabolic change. The only certain evidence of nutritive changes is heat production, resulting from potential energy assuming kinetic form in the return of complex molecules to simpler forms. This process is not solely dependent upon the functional activity of the structures involved, but is under the direct control of basal centres, concerned in heat regulation and production. These, like those of the heart, may be both accelerative and inhibitory. From the evidence presented by known facts, such as deficient animal heat, great muscular waste, increase in urea, etc., phenomena found when unchanged glucose is excreted by the kidneys, it is not improbable a change in our theories of the nature of diabaetus melletus may occur in the near future.

It is estimated that normal heat production, if none were lost, would raise the temperature three and six tenth degrees hourly. The need of heat dissemination is obvious, and is accomplished by radiation, evaporation and conduction from the surface mainly. About two per cent. is expended in warming the food and drink injected and the inspired air; about sixty per cent. is from direct radiation, about twenty-five per cent. evaporation from skin and lungs. Heat on the surface causes dilatation of peripheral vessels; more blood is exposed and cooled, while at the same time the sweat glands are more active, aiding heat abstraction by evaporation. Surface cold reverses this phenomena. Increased heat of the blood causes increased frequency in heart beats and respirations, which aids in heat loss. It is evident that both heat production and elimination are influenced through reflex channels, as are the respiratory and cardiac function causes operative in the skin, or from the intestinal tract and digestive glands affect heat loss and production through centres in the medulla and basal ganglia. Those controlling heat dissipation are located in the medulla, and operate mainly through the vaso-motor tract. To maintain a normal heat standard these two mechanisms must co-operate. To secure such

correlation and maintain the necessary balance between loss and production a regulating function is required. This thermotoxic heat function is thought to exist, but its exact locality is not determined. McAlister says this function is last in order of development, and is first to become disordered. Its feeble character in infants he says is why slight causes so profoundly disturb their temperature. Wood found section of the cord above the splanchnics increased heat loss and decreased production, because no doubt of vaso-motor paralysis. Section above medulla increased both production and loss, showing existence of governing centres in and above the medulla. It is said the cerebrum above and anterior to the corpora quadrigemina may be removed without disturbing heat functions. If a warm blooded animal suffers section of the medulla, or the nerve connection with muscles be destroyed, it no longer responds to reflex influences which regulate heat mechanism, it becomes a cold blooded animal, its temperature rising and falling with the surrounding media. In normal heat relations a difference is found in the conditions influencing the surface and the internal temperatures; the surface becomes cooler in proportion as the blood current is slowed. In internal parts the reverse of this is true. The temperature is lowered by rapid current and elevated by slow movement from this follows that the wider the difference between internal and surface temperature the slower the blood movement. Lastly in this connection we notice the unreliable nature of thermometric indications. If more heat is generated than is eliminated the temperature will rise; if the reverse it will fall, but if the balance is maintained wide departures in each function may occur, which will not be indicated by the thermometer. There may be marked loss in heat production, while the thermometer registers an elevation of temperature, and the reverse. The only certain guide to heat formation is calorimetry and not thermometry which only shows difference in the balance. Pyrexia may be defined as a disturbance in calorification, in which the correlation of the heat mechanisms is lost. This derangement is brought about by agencies acting upon the heat controlling centers or some portion of the connecting nerve tracts. There may be increased heat production, or only diminished heat loss with storage; usually there is

increased production, in which the conversion of potential energy in the body metabolism results in heat in place of mechanical energy. Rosenthal found always diminished heat loss. Maragliano, in studying the behavior of the skin in fever, found increased temperature was preceded by progressive contraction in the cutaneous vessels. At height of contraction climax of temperature was reached. He believes there is also increased heat production as there is increase in carbonic acid and urea. This may be caused by the storage of heat as the same has been observed in artificial high temperatures in which animals have been placed. Welch says there is increased production at first and later increased loss. During the cold stage of a fever the pale, bloodless skin disseminates much less heat, and there is at the same time increased heat production during the hot stage. Loss is increased, but production is also excessive. During defervescence the sweating greatly increases heat loss, while production may be normal or even sub-normal. White says all fever must be primarily neurotic and due to lesion of centres in basal ganglia, or of the conducting paths, or a reflex of some part of the heat mechanism, or of muscles excited by poisonous products. The essential neurotic element is proven by the experiments of Ott showing that if the corpora striata have been removed the injection of putrid blood into the veins will not cause fever. Wood says we have no knowledge of any poison capable of producing pyrexia without the intervention of the nervous system. Both Wood and Ott, think the control of heat generation is by means of the trophic centres and their connections. Robin, in opposition to most commonly received opinion, denies that there is increased oxidation in pyrexia. He claims hydration and other factors concerned in metabolism are the processes exaggerated. He asserts that complete oxidation produces soluble excretia, and that the defective elimination of fever is caused by deficient oxidation. The causes of pyrexia are many and produce their results through varied channels. In brief, they are anything that disturbs heat regulation or the correlation of the heat functions, conditions of the surface modifying heat loss, disturbances in the internal viscera, in the various Epithelial surfaces, derange the governing centres reflexly. Chemico-physiological disorders of nutrition, retention of



effete products, septic ferments, excretion products, either the result of bacterial growth or of structural metabolism, all are active causes of pyrexia. The irritation of teething, passage of calculi, many cases of urethral irritation, and other causes of similar character are reflex causes. External overheating deranges the thermotaxic mechanism as in sunstroke or thermal fever. Affections of the nervous system, as in tetanus, cause pyrexia. Disorders of nerve centres without perceptible nutritive change, as in hysteria, may cause wide departure from normal heat balance. In hysteria, as in children, the thermotoxic mechanism is easily disturbed. The significance of high temperature is not the same as ten years ago. Then high temperature was regarded as the chief danger in fevers and inflammatory conditions. The temperature was carefully watched and the efforts of the physician chiefly directed to its control. A pronounced reaction is now taking place against these theories. Welch says there is comparatively little evidence that the grave symptoms of fever are referable to high temperature, the only functional disturbances directly referable to high temperature, are quick pulse and respiration. McAlister says temperature is often not proportionate to the gravity of the disease, and that grave phenomena cannot always be set down to temperature changes. Thomson says high temperature with good general condition is not necessarily dangerous, especially in children, and if heat injured tissues cold ought to prevent death, which it does not. It has been abundantly proven that some of the textural changes thought to be caused by high temperature, such as granular or fatty change in the heart and muscles, are due to other causes. Smith says temperature is not a reliable index of mischief going on in the system. Dr. N. S. Davis says if fever was the disease and local lesions a result that it would be rational to direct chief effort toward the pyrexia. But this is not true and it is found that reduction of the temperature does not cure the disease. Of over twelve hundred febrile cases treated by the newer antipyretics the course of the disease was not abbreviated, nor were complications or sequelæ prevented. As has been already stated, calorimetry is the only reliable guide to degree of heat production. Both production and elimination may be sub-normal and yet the thermometer show



abnormal high temperature. Of course to act upon such indications would be delusive. The greatest source of danger from pyrexia is paralysis or profound depression of the heat regulating centres. This Vincents thinks may result from accumulation in the blood of toxic material. It may be noted in this connection that the more active metabolism of pyrexia causes greater quantities of these principles to be thrown into the blood. The development of the germ theory has had much to do with the reaction against the dominant views regarding temperature changes and their import. It is argued fever may be a conservative effort, and the expression of systematic warfare against microbic invaders. From this stand-point high temperature is to some extent salutary and not to be repressed. The increased oxidation is thought to destroy pathogenic germs. Fever-causing agents light the fire that consumes them.

Treatment of pyrexia involves as large a variety of agents and methods of action as is found in the causes of pyrexia. Such agents as dilate the cutaneous vessels and increase the perspiration, increase heat loss and thus lower the temperature *ceterus paribus*. Of this class are alcohol, nit ether, antimony, aconite verat. vir. and the diaphoretics generally. Diuretics and all eliminatives may act as antipyretics by removing toxic causes from the blood. Welch thinks the sensorial disturbances of fever are intoxication from retention of toxic principles rather than affect of high temperature. The power to resist high temperature is lowered under such conditions. High temperature may be tolerated a long time if the general condition is good. Intestinal antiseptics may be an antipyretic influence by lessening absorption of toxic principles; the same is true of the administration of antiseptic drugs. It is believed that the animal alkaloids either of putrefactive or metabolic origin, are the chief intrinsic pyrogenic agents. It is worthy of note in this connection that many of the newer antipyretics are antiseptics as well. Quinia lessens the oxygen carrying power of the red corpuscles and thus checks tissue change. It also, in large doses, acts on the motor ganglia and weakens the heart. In these actions it is a true antipyretic, lessening heat production. Some agents are indirectly antipyretic by virtue of their control of fever-producing causes. In this way

salicylic acid in rheumatic fever and quinia in malarial pyrexia act. Salicylic acid is a powerful diaphoretic, but its action as an antipyretic in rheumatic fever does not depend upon this quality, and sweating may occur in the high temperature. McAlister says too much stress has been laid on the thermolytic action of diaphoresis. Cold is an old and in some sections a favorite method of reducing temperature. Cold baths cause contraction of surface vessels with decrease in elimination, followed by an increase in heat loss of twenty-three per cent. Applications which cause "cutis anserina" lessen heat loss forty-four per cent. Moist cold applications can increase heat loss eighty per cent. External cold stimulates heat production in fever, but not so much as in health. Cold bathing does not lessen heat production; the action of cold on the surface in health is not a certain guide to its action in pyrexia. After active exercise which has sent a larger amount of blood to the surface, with sweating, quick pulse and respiration, the application of cold to the surface would be unequivocally dangerous; with similar conditions the result of pyrexia the effect would be vastly different. Exposure of the body to a temperature of sixty-four to sixty-eight degrees for several minutes has been found to increase the pressure in the radial artery one and a half to two pounds. This fact alone constitutes a source of danger in cold surface applications. They have an undoubted tendency to cause increased determination of blood to the internal viscera, and may cause congestions, hemorrhages, etc. The form most useful is the cold bath about sixty-five to seventy degrees and in properly selected cases. It is thought the benefits derived are not the mere depression of temperature, but the reflex effect upon the nerve centres and thus upon the febrile process in general. The indications for their use should be febrile rather than merely hyperpyretic, and the benefit derived should be sought for not in the lowering of the temperature merely, but in the improved general condition. If they have been of benefit, elimination will be hastened, nerve functions bettered, the general condition improved. In general, cold to the surface is not admissable in the eruption diseases; or in feeble patients with weak circulation. If used simply with reduction of temperature in view, after the manner of Lieber-

meister, the results will not be uniformly good. Brandt and most German observers attach more importance to the effect on the nerve centres, than to the lowering of temperature. Cold or cool sponging is better than the douche or pack, and less likely to produce bad results. In any case, unless reaction is well established with the consequent increase in heat dissemination, cold should not be used at all. A very good and safe method is sponging with tepid water, allowing the surface to dry by evaporation. The use of the cold coil in localized conditions, especially in the abdomen, may be very useful. The use of cold enema is sometimes serviceable both in lowering temperature and in cleansing the bowel.

The coal-tar series are all true antipyretics, and lower temperature both by lessening production and increasing elimination. Carbolic acid is an antipyretic, lowering arterial tension and decreasing heat production. All the newer antipyretics are derived from Chenolin and Benzot; they are all more or less analgesic. They exert their influence by acting upon the nerve centres, are all muscular depressants, exercising that influence upon the heart, vascular system and bronchia, like carbolic acid. They may cause marked structural change in the kidneys and liver, followed by albuminuria and casts in the urine, they interfere with the oxygen carrying function of the blood corpuscles; they lessen heat production by hindering tissue change and retard molecular change, they decrease excretion of urea by lessening its production as does carbolic acid. Of these agents antipyrin, antifebrin, acetanilid and phenacetin stand at the head. Exalgine is said not to be a reliable antipyretic. It has been claimed that these agents, like alcohol, offer themselves for oxidation in the body and that the diminished oxidation of the tissues comes from this cause. Per contra it is said phenacetin is not oxidised in the body, and while a more powerful analgesic than antipyrin, it is equally efficient as an antipyretic. The most available of the group and perhaps as free as any from unpleasant action is acetanilid, sold as the patented article antifebrin. While these agents all possess undoubted power to lower temperature there are many objections to them; their use is sometimes followed by collapse cerebral congestion, rapid pulse, cold perspiration, cyanosis and sometimes vomiting, sali



vation, watery eyes and nose like Iodisem. The retention of effete products following their use is objectionable. If there be any truth in the conservative view of fever that it destroys pyogenic agents by the increased oxidation, then these agents would be detrimental rather than beneficial. It is said by many observers that subsequent greater increase in temperature follow their use, and it is pretty generally admitted that they exert little or no effect upon the course or duration of the disease. Dr. Minot says many times the duration seems to be prolonged. Again it must be borne in mind that there is no definite relation between high temperature and heat production, also that the increase in temperature is not the disease, but only one of the incidental phenomena, and that its control may have no influence over the progress of the essential malady. The management of pyrexia must vary with the cause and character of the disease, the mere control of temperature regardless of co-existing conditions is of little value. True antipyretics should not be used for a long period and are most applicable in acute sthenic states, attended with pain and nervous erethism. In concluding this brief summary we offer the following propositions: The temperature is not a reliable index of tissue change. 2. It is by no means a certain indication of the gravity of disease. 3. That in some degree at least pyrexia is to be considered as a conservative process not to be abolished. 4. That the mere control of the temperature by any method without, attention to co-existing conditions, is not productive of good but often of evil. 5. That the use of the synthetic antipyretics should be limited to short periods and selected cases.

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## INJECTION OF COLD WATER INTO THE BOWELS IN TYPHOID FEVER.

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Very few practitioners who have had occasion to use cold water in typhoid fever, be it in the form of baths or otherwise, will hesitate to testify to its beneficial effect, not only in reducing the temperature, but especially in toning up the nervous system. The benefit of such a treatment is in my mind more due to its tonic than its antipyretic



effect. I think, however, that a treatment directed with a view to both of these factors will be followed by the best clinical results. Cold water seems to combine both of these qualities, as it has sufficiently been demonstrated that a cold bath will reduce the temperature to an appreciable degree, and it would be difficult to find in *materia medica* a more powerful nerve tonic than cold water. That the rate of mortality is also favorably affected by it seems to be sufficiently well established by French and German clinicians. I may not be wrong in stating that cold baths in typhoid fever have never had a systematic trial in this country except, perhaps, by Baruch in New York, who has become an enthusiastic advocate of them. What probably has been the most powerful obstacle to a thorough trial here is the instinctive shudder which the thought of cold creates in the popular mind, together with the fear of taking cold by it. Added to this is the great inconvenience and trouble which systematic bathing would naturally entail in many families. I hailed it therefore as a happy idea when Cantani, of Naples, in an article published in *Berlin Klin. Wochenschrift*, August 4, 1890, recommended rectal injections of cold water in typhoid fever, and was ready to give it a thorough trial whenever occasion should present. I did not have to wait very long and this in a case which was more apt to demonstrate the immense value of such a method than a dozen average cases. The symptoms of the case were right from the start of such a dangerous character that I shaped my prognosis accordingly, especially as I had before seen four or five cases die with almost the identical symptoms, and this within the first ten days after attack.

I saw my patient, a young lady of seventeen years, the first time on September 8th last; she dated her first symptoms to September 3d; had a temperature of  $105^{\circ}$  about 5 o'clock P. M.; considerable agitation and nervous tremor, pulse about 120 per minute, small and very compressible, considerable epistaxis. Ordered calomel and quinine. The next morning, after a very restless night, I found her in a wild delirium; she had hallucinations of persecution, had to be kept down in bed constantly; morning temperature  $104\frac{1}{2}$ , evening  $105\frac{1}{2}$ , pulse about 140, but on account of nervous twitching could not be accurately counted. On September 10th in the morning I found her in

the same state of agitation with a temperature of  $105^{\circ}$ , her face had a cyanotic appearance. I really did not think she would live another twenty-four hours and, after consultation with Dr. Gessner, told the parents that as a last resort we might use an injection of cold water, to which they readily consented. With the fountain syringe I let run into the bowels about one and one half quart of water, taken right from the cistern. Within ten minutes her temperature went down to  $103^{\circ}$ , delirium subsided within half an hour; her tongue, which had a tendency to dryness, became permanently moist. These injections were kept up to 17th day of her sickness about two or three times a day. From the time of the first injection she followed the course of a moderate case of typhoid fever, except one night, about September 12th, she became somewhat restless and slightly delirious, but quieted down immediately after an additional injection. On the 18th day her temperature was normal in the morning and she improved quite rapidly, her appetite became ravenous. But about ten days later she suffered from a relapse, probably due to improper diet, and showed at times a high temperature. I succeeded, however, in keeping it down to a desirable degree with slightly warmer injections, and twelve days later she was free from fever. I am well aware that a single case is not sufficient to decide upon the value of a therapeutic agent, but a case like the one described would impress me more than a dozen average cases in regard to its benefit. Having seen typhoid fever probably in all its clinical forms, and knowing that the rate of mortality is still a high one, I think a measure which promises such gratifying results, not alone from a theoretica but also a clinical stand point, should receive a speedy trial before the profession.

Cantani injected about two quarts of water at a temperature of  $50^{\circ}$  F., which generally was expelled within ten to thirty minutes at a temperature of  $95^{\circ}$  to  $98^{\circ}$ . Water injected at a temperature of  $86^{\circ}$ , when expelled showed a temperature of  $98^{\circ}$  to  $100^{\circ}$ , but it did not reduce the temperature in the exilla. The excretion of urine was also considerably increased which shows that a part of the water was taken up in the circulation, thereby cooling and washing out the blood. The effect upon the patient is a pleasant one. My patient,

as long as the temperature kept high, would generally ask for injections and expressed repeatedly how pleasant and refreshing they were. Later on after the fever lessened she would complain of a slight chilliness following the injection, which induced me to use the water a little warmer. We may in case of necessity also add some medicine to the injection. Cantani uses to two quarts from one half to one and one half drachms of tannic acid, and one half to one and one half ounces of crystalized carbolic acid, at times also fifteen to thirty grains of quinine mur, and he claims to have surprising results by their use. He also noticed a disappearance of meteorism and other symptoms on the part of the bowels, and I must say I was struck by the absence of all intestinal disturbances in my case. The patient should also drink cold water freely. By this method Cantani thinks he succeeded in cutting typhoid fever short. He also lays especial stress on one point as he says that these injections cool off the internal organs, the seat of the highest temperature, without affecting the real source of heat production. He mentions this in contradistinction to the effect of chemical antipyretics, which latter increase the loss of heat, it is true, but also lessen the production of heat and thereby paralyze the reactive power of the infected organism.

Since I wrote this I have used these injections on about half a dozen children, four cases of lobular pneumonia, and I find that they like them as long as the temperature keeps high. They generally quiet down immediately and have no desire to drink so much.

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### EARLY TUBAL PREGNANCY.\*

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Extra-uterine pregnancy is now recognized more frequently than ever before. The reasons for this greater frequency can be sought for in the increasing number of diseased uterine appendages. It is, however, the more thorough clinical examination of cases that mainly explains the reason for this increased number of ectopic ges-

\*Read before the Cuyahoga County Medical Society, February 5, 1891.



tations. The many ambiguous terms so frequently reported to health officers as causes of death are undoubtedly many a time due to an intraperitoneal hemorrhage caused by a ruptured ectopic gestation cyst. The following three cases, which probably were of early tubal pregnancy, seem to me of sufficient interest to deserve to be reported:

September 19, 1888.—Mrs. D. G., aet. thirty-two, mother of five children, the oldest one fourteen years old and the youngest two and a half years, was separated from her husband for about six months, previous to her arrival here, seven weeks ago, where she met him and they have lived together since. On my arrival Mrs. G. was tossing very restlessly in her bed, making efforts to vomit, complaining of great thirst, calling for anything and everything to dash over her face. The appearance of Mrs. G. was striking and strongly suggestive of an acute hemorrhage. The visible cutaneous and mucous surfaces had a deadly pale color. Her eyes were shining, moving to and fro, expressive of extreme anguish. Her teeth had a pearly lustre. Upon my inquiry whether Mrs. G. was bleeding I received a negative response, and from the great tenderness in the right pelvic region, I began to suspect an intraperitoneal hemorrhage, which was soon corroborated by the following history: Mrs. G. has always menstruated regularly; has missed, however, the last period, which was due eleven days before the day of my first visit. The day previous to my first visit Mrs. G., while working in the kitchen, felt a sharp pain in her right side. She blamed everything she had eaten or drunk as the cause of that pain, which did not last long. A similar pain in the same side was so severe the morning before I saw her, that "it doubled her right up." Thinking herself pregnant she took a dose of castor-oil to relieve her bowels. The oil was soon vomited, and the vomiting had not ceased until I saw her several hours afterwards. I saw Mrs. G. about three o'clock in the afternoon, when she was pulseless, heart tumultuous, its sounds indistinct; signs of developing peritonitis on right side. From all this I concluded that I had to deal with a case of extra-uterine pregnancy, probably of the right tube, which ruptured and discharged its contents in the peritoneum. I communicated to the friends my opinion and that an



immediate operation was urgently indicated. Dr. Rosenwasser was called in consultation, who examined the patient per vaginam but could detect nothing abnormal in the pelvis, but a slight enlargement of the uterus. The probability of the diagnosis was corroborated by Dr. R.; an immediate operation was urged. This unfortunately was reluctantly refused. It was only the next day, when the friends became convinced that death was fast approaching they began to request an operation. Although the slim chances that remained for a favorable outcome had clearly been presented to the friends, they now insisted that the patient be operated upon. About noon of the second day the patient was removed to the University Hospital with the greatest possible care. In spite of free stimulation her pulse was 144 per minute, temperature 97° F. Dr. Weed, in the presence of Drs. Brashear, Rosenwasser, Bunts, Spurney, Wood and myself began the operation about 2:40 P. M. On opening the abdominal cavity it appeared utterly filled with blood, which commenced to pour in large quantities out of the wound. The right tube was searched and soon found ruptured on the peritoneal surface, ligated and removed. No ovum was found. The abdominal cavity was washed out, and everything seemed doing well. At once a new bleeding was noticed. Unfortunately, the source of the hemorrhage could not be found. The bleeding was not copious but enough to color deep red the water used for washing the abdominal cavity. This necessarily prolonged the time of the operation. A short time after the operation the patient appeared to feel somewhat better, but towards evening the former symptoms reappeared; incessant vomiting, retching, constant jactitations. The heart commenced to fail. At 10:30 P. M. Mrs. G. died. No post mortem was made.

N.B.—The removed tube, now in my possession, has a rent of about three-quarters of an inch in diameter, was filled with clots. At the site of the rent it is much bulged, the bulging measuring about one inch in diameter.

June 10, 1889.—Mrs. F. R., aet. 23, married since March, 1888, *i. e.*, about fifteen months, has menstruated regularly up to the last period. She has been under a physician's care for some pelvic trouble, which I learned subsequently to have been an endometritis,

as she thought this prevented her from becoming pregnant. The night of the sixth and seventh June, she was awakened by a sharp pain in her pelvic region. A neighbouring physician was summoned, who thought an abortion was threatening, as there was a slight discharge of blood. The next morning Mrs. R. was about her usual occupation as a housewife, having felt no discomfort. This morning (June 10) after having served her breakfast, went after something in the hall, where she fell suddenly to the floor unconscious after a fearful shriek. The husband on hearing the noise hurried to his wife and after some efforts brought her to semi-consciousness. On my arrival about three hours after this happened, I learned that some irregular was called in the meantime who left some drops in two glasses of water, with directions to give from each glass a teaspoonful until relieved, having assured the friends that all that meant an attack of colic, and that it would soon pass over. The evidence of an acute hemorrhage was too pronounced, the shock was too great, and to my judgment all was too late to save the dying woman. From the history of the case, and from irregular bleedings that took place during irregular intervals, I diagnosed right tubal pregnancy, rupture, intraperitoneal hemorrhage, to which was due the profound shock and the developing peritonitis. Drs. Krause and Rosenwasser saw the patient with me and concurred in the probability of the diagnosis. The prognosis was evident to everyone. Dr. W. J. Scott was then called to the patient, who took charge of the case. About 10 o'clock the same evening I was called again, but on my arrival Mrs. R. was dead. No post mortem was made.

Mrs. R. W., aet. 36, mother of three living children, the youngest 11 years old. She miscarried soon after the birth of the youngest and has not been pregnant since, nor has she been feeling as well as before the youngest child was born. Pelvic distress and backache have been very annoying for years, and more so formerly than of late. Menstruation has always been regular, with the exception of the last period, which she missed, though due about two weeks ago. This was the first time since the last child was born that this happened, and Mrs. W. suspected that she was pregnant, and she was very anxious to have a child. About midnight of the 19th and 20th

October, 1890, Mrs. W. felt an excruciating pain in the pelvis. I was called soon after. Having obtained the history above related I began to suspect something unusual going on in the pelvis. A local examination revealed an enlarged softened cervix not very tightly closed, the uterine body slightly mobile, somewhat retroflexed and pushed to the left side. Something imparting the sensation of a semi-solid mass was felt in Douglas' cul-de-sac. The left uterine appendage could not be felt. The right tube was thickened, and I estimated it to be over one-half inch in diameter. In the continuity of the right tube, about three-fourths to one inch from the womb, was a bulging in the middle of which a small area could be distinctly felt which imparted to the finger the sensation one experiences practicing balottement. Right tubal pregnancy was diagnosed, and possibly small collection of blood or inflammatory exudation in the utero-rectal space. I stayed with Mrs. W. some time and finding no untoward symptoms develop, the patient feeling comfortable, I left her with the instructions to send for me as soon as the slightest discomfort should be experienced. Early the next morning I saw Mrs. W. again. She felt no discomfort. I urged her to remain in bed, and told her that there was something wrong in her pelvis that required care and a good deal of watching and mainly rest in bed. I also suggested that it would be best to have someone in consultation. Mrs. W. requested not to hurry with calling another physician as she dreaded the examination. Next morning, in spite of my directions, Mrs. W. got out of bed quite early, as she thought there was nothing wrong about her. I was sure she mistrusted what I told her, and I insisted again on having another physician's counsel. She consented to have it. Before I had a chance to invite any one in counsel I received a message that Mrs. W. was "all right." The reason for this was, as I soon learned, that Mrs. W. noticed some sanguinous discharges and took it for the delayed menstrual flow. She said she felt as well as she ever did. This still more encouraged her to do her household duties. In the afternoon, on the third day after I first saw her, I was summoned in great haste. On my arrival Mrs. W. was in collapse. Stimulants were administered hypodermically, ice to the abdomen,



and when she rallied somewhat a local examination was made. The utero-rectal cul-de-sac bulged nearly to the orifice of the vagina and felt like an abscess ready to burst. There was dullness on percussing above the pubis and left pelvic region to the extent of about three inches. This satisfied me that hemorrhage was still subperitoneal. Dr. Rosenwasser was called in consultation who on arrival could only confirm the diagnosis. The possibility of the requirement of surgical interference was considered, but as the peritoneum was not torn it was agreed to wait for more urgent indications, as the pulse regained its full strength, 80 per minute, and temperature 100° F., the patient warm and perspiring gently. Difficulty of micturition and a feeling of bearing down in the rectum was complained of. She described her feeling during the last attack of pain which preceded the collapse, that "the pangs of death could be no more awful than those she experienced. The pain was inexpressably sharp, as if her whole inside was tearing to pieces."

On the following day the bleeding was quite profuse, pulse 72, 99.2° F., slight pain over abdomen, still bearing down feeling in pelvis. On the fifth day after the uterine flow first appeared the decidua was thrown out. The hemorrhage gradually lessened, but persisted for nearly ten weeks, the hematocele disappearing gradually.

N.B.—The thrown-off decidua, now in my possession, has the shape of the womb, measures over two inches in its widest diameter and a little over three and one-half inches long. Its inner surface is smooth, while the surface, which was in contact with the uterus, is rough, vilous like. Under the microscope decidual cells are seen.

Both of above specimens were exhibited to the members of the medical society.

Thus the three cases were all of early tubal pregnancies, terminating in rupture before the middle of the second month.

The etiology of the first case is entirely obscure. The youngest child was only two and one-half years old; no history of pelvic trouble could be obtained. Separation from the husband for six months might have had some influence on the mental state of the woman, but this is all there is known. In the second and third cases



the preceding histories are entirely different. The one never had any children, was married about fifteen months and most of this time treated for endometritis. The other gave birth to her youngest child eleven years ago, had a miscarriage the same year, and when only twenty-five years of age. The large family of Mrs. W. are all very prolific, but she alone has never conceived since that early age. She knew that there was something wrong with her, but she menstruated regularly, suffered very little beyond frequent backaches and bearing down pain in the pelvis. She shunned the thought of being examined by a physician. Thus in these last two cases there seems to have been an obstacle to spermatozoa to reach their destination, but as soon as the endometritis has improved, either by medical aid or by nature's slow process, impregnation was possible, but the onward passage of the ovum was blocked by a morbidly changed tube.

The symptoms in these three cases had something in common, and that was *pain*. In the first the pain was of a tearing nature, sudden and sharp, a pain that "makes one see death before the eyes," as the patient herself expressed it. This pain was not lasting, but appeared again next morning and augmented by the pain of a secondary peritonitis. The second case had a severe, rather prolonged pain, coming on in sleep, and so severely as to compel to seek medical aid at midnight. A period of about four days then followed entirely free from any discomfort, when a second pain preceded the collapse. Three days was the interval between the first and last pain in the third case. I frequently made inquiries in the third case whether any pain was felt in this interval, and was assured that none was felt. Irregular flow of blood from the uterus is given in our text books as an early symptom. This was entirely absent in the first case, preceded the rupture in the second, appeared in the third about three days after the diagnosis was made, *i. e.*, after the first pain was experienced. Rupture of the tube took place in these three cases probably in the fifth to the seventh week of gestation. Our texts give three months the usual time for rupture. A rupture of a five months tubal foetal cyst has recently taken place in Russia with a fatal result, and a case at full term was also reached in the last year in Germany. The time, however, of occurrence in the above

three cases seems to be the time most frequently observed. Before the rupture a bulging of the tube was noticed in the third (only examined) case. In the first two no examination was made before the rupture, and no bulging was detectable after the rupture. After the rupture there were, in the first, symptoms of acute and continuous hemorrhage; hardly anything that could be attributed to shock. In the second case, the most pronounced symptom was shock, and perhaps some was due to a continuous hemorrhage. In the third case, there was shock and rapid reaction with no symptoms of continuous and alarming hemorrhage.

These were the main symptoms observed in the three cases, and probably the greatest number of tubal pregnancies run the same course and present the same symptoms. This leads to the inquiry, whether the presence of such symptoms suffice to lead one to a certain diagnosis of early tubal gestation, which is of the greatest importance to our patient. There are some who speak of a certain diagnosis of early tubal pregnancy. I think from the little experience I have had that early diagnosis can be made with anything but certainty; and with Munde, "think that the diagnosis of tubal pregnancy cannot be made with as much certainty as we sometimes suppose."\* It is, in fact, extremely difficult. The pathological conditions which may simulate an early tubal pregnancy are so numerous, that the phrase certain diagnosis ought not to be used when we speak of early tubal pregnancies, so long, at least, as the present methods of diagnosis are employed. Think of an enlarged tube with morbid products, coincidently with suppressed menstruation; hysteria with an enlarged ovary; even a pregnant horn in a doubled-horn womb may simulate it. Add to this the multiform alterations the pelvic tissues are subject to in disease. All these tend to show that a certain diagnosis of early tubal pregnancy, *i. e.*, of the fourth to the sixth week, is anything but possible. After the rupture the difficulties are not all removed. The possibility of poisoning, of a perforation at any portion of the alimentary canal, of a burst of a perityphlitic abscess, of a ruptured aneurism, of a

\*Americ. Jour. Obst., 1890, p. 25.

pyothorax breaking through the diaphragm into the abdominal cavity where no history can be obtained, and of a vastly greater number of morbid conditions one must consider as obstacles to certainty of the existence of an early tubal pregnancy. The diagnosis, however, has been made, and made early, made timely, before the rupture and even operated before the rupture, the dreadful tear timely prevented. This was not made with certainty, but with a certain degree of probability, led by suspicions well founded and subsequently verified by the surgeon's skill. Such a timely suspicion may be worth a woman's life. Of course, many a time the surgeon found anything but what he thought he operated for.

In the first and the second of the above cases, no early diagnosis was made. In fact, in the second case the first subjective symptoms were attributed by an old practitioner to be due to a threatening abortion. It was only after the complete and last rupture that a diagnosis was made, and this was prompted by a history pointing directly to the seat of lesion in the pelvis. In the third case a tubal pregnancy was suspected, because there was a sudden irregularity in the menstrual periods; the patient herself suspected pregnancy; on examination an enlarged tube with a limited bulging in its continuity, the bulging giving to the finger a peculiar sensation; the uterus was displaced, the neck soft, or rather patulous; the blood vessels were distinctly throbbing more on the right than on the left side; then, and above all, a peculiar pain, about which the patient dreaded to speak. This even was not any too early diagnosed. Were it not for the pain I would not have suspected it. Subsequently the diagnosis was confirmed by a suddenly formed hematocele.

The termination of these cases presents nothing unusual. That the first case could have been saved, no one can doubt; the resistance of the woman, her tenacity to life has been great in spite of a copious and continuous hemorrhage and an operation, which was rather though unfortunately prolonged. The second case was beyond human aid after I saw her. The mortality in ruptured tubal pregnancies is very high; 60 per cent. to 90 per cent. are limits of the tabulated cases, and  $66\frac{2}{3}$  per cent. is the mortality of my three cases.



Especially is the prognosis and the mortality influenced by the unwillingness of the patient to have her belly cut, because of a suspicion on the part of the physician of something formidable in her pelvis, when she feels no discomfort. Nor is every woman a "womb-crank" and likes to be exposed to physicians. Few have such a glorious chance as Ernst Herman, in whose secondary tubal pregnancy case "diagnosis preceded operation and operation preceded rupture."\* Few get secondary tubal gestations after a successful operation for the first tubal pregnancy in the same patient. In my experience patients are very incredulous when it comes to such measures, and it is only when life is nearly extinct that we receive the permission "to do what is right." It is also when the patient has been suffering long before from other pelvic troubles and life to her is "good for nothing" that she consents to have anything done. Then, however, it is most frequently a hydrosalpinx that is removed. I would like to express my opinion that a favorable sign in prognosis is the peculiar sensation felt at the circumscribed area, as in the case of Mrs. W. I think this points to the least resisting spot and that rupture will probably take place under the peritoneal sac.

A few words as to the treatment of these cases. Most frequently we have to treat the case after rupture has taken place. I think no diagnosis is ever made before some rupture, however slight it may be, has happened. The pain must be a signal of the tear. Had the pain been due to contractions of the tube in all cases of tubal pregnancies before complete rupture, the pain would be of a rhythmic character, like colic, especially as the exciting cause is persisting. The pain, however, is not always of this character; in fact, twenty-four hours elapsed from the time the first pain was experienced until the final and fatal tear took place in the first case, about four days in the second, and three days in the third case. In the first case the treatment was first directed to combat the collapse and the threatening peritonitis. Ice applied over the abdomen, though ineffective to arrest hemorrhage, seems to allay the peritoneal tenderness. Then there was to combat the remaining symptom, which was the imme-

\*Brit. Med. Jour., London, 1890, p. 722.



diate cause of death—the continuous hemorrhage. An immediate operation was urged. The reasons for this were: The utero-rectal space was free from any accumulations and no sign of reaction was present. Hence the only chance was to arrest the bleeding vessel by direct ligation through the abdominal cavity. Nothing could be done to rouse the vital forces in the second case.

In the third case, the diagnosis had been made before the final rupture. What was to be done? Electricity and laparotomy are the only methods that find most advocates. My experience is too insignificant to be able to judge of the value of either. I think if I had had a chance, I had tried electricity, of course with the surgeon at my side; I would not give an anæsthetic, and if electricity could not be used without it, I would abandon it. Who can tell what is going on in the tube at the moment the current is passing? And the anæsthetic may conceal alarming symptoms. A rapidly failing heart may be thought to be due to the anæsthetic, while the real cause of the failing of the heart may be the sudden rupture of the tube, collapse following. This has an illustration in the literature on this subject. If the consent of the patient can be obtained, laparotomy, of course, is the safest and the scientific method. When, however, the patient objected, even to the inspection by a second physician, how could this be done? The final rupture, which soon followed in about three days, put us on another train of reasoning. As soon as the immediate effects of the tear were over, reaction set in rapidly, and we had to deal with an “extra-peritoneal and broad ligament hematocele \* \* from ruptured tubal pregnancy,” which “is rarely, if ever, fatal and generally may be left alone.”\*

\*Tait. Amer. Jour. Obst., 1889, p. 460.

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## A REMARKABLE CASE OF URIC DIATHESIS.\*

BY L. KAHN, M. D., CLEVELAND, OHIO.

The morbid anatomy, the clinical history, the pathological charac-

\*Read before the Cuyahoga County Medical Society.

ters, and the causation of gout have been described over and over again. But a case which has been under my observation for the past six years will interest the profession. Gout is mostly a disease of the old or middle age, produced by rich nutrition, habitual indulgence of wines or malt liquors while dining, and sometimes the result of lead poison, or probably transmitted by heredity. Of 515 cases analyzed by Scudamore in only five did he find the disease occur in persons under eighteen years of age. And in 300 the disease had existed in either parents or grandparents. According to Cullen, the fat and strong people are more liable to become gouty. Absence of physical exercise, abuse of alcohol, tea, coffee produce podagricus of uric acid. Catarrh of the stomach, dyspepsia, which interfere with the digestion of albuminoid foods occupy prominent places in the etiology of gout. Indigestion of a too large quantity of food, (you all know that after a copious dinner the proportion of the uric acid increases, while it decreases after fasting). Fats, sweets, and brain-work are also mentioned as a causation.

If I have thus described what is generally known to produce gout, it is because none of those causes can be attributed especially to the disease in this case.

Mr. R. is now about 30 years of age, there is no rheumatism, cardiac, or gout history in the family. Mother is very nervous, the results of laceration of the cervix uteri. Was healthy before R. was born. When 12 years of age, he was sent to South Bend, Ind., to a college, where he had the same diet and exercise as the other students. At the age of 14, he was taken all at once with a severe pain in the large left toe. Dr. M. who attended him pronounced dislocation of the joint. For two weeks he suffered with sharp pains, and finally recovered. But twice a year regularly, the pain would come back again, and would finally locate in the other small articulations of the feet. At this time, after each attack, the joints would remain swollen and red. In 1880 he consulted Dr. Weber who pronounced the case rheumatic gout. Our patient was then about 19, and Dr. Weber attributed it to the immoderate use of pies and sweets. The diagnosis was then established greatly to the credit of Dr. Weber, as there was no chalky concretion in any of the swollen

joints. In 1883 R. consulted me for the first time; his weight was then 126 pounds, his height 5 feet 6 inches, he was of light complexion, presenting a lymphatic constitution. The fingers were all swollen, the swelling being between the articulations of the first, second and third metacarpal and the metatarsal of the feet. A hard and white chalky substance, presenting the appearance of the tophi, could be seen on the surface of this swelling, and also on the lobe of the ear. A true picture of gout.

Alkalines, vegetable diet were prescribed, bath, exercise. But twice a year regularly the attacks would confine my patient to his bed, for three or four weeks. Every joint would be swollen and painful, where in the small articulations of the feet and hands would remain greatly swollen after the attack, and present a whitish substance on their surface. Tophi would form, being composed as shown by examination of urates and phosphates of sodium. The latter ulcerating the tissues, and finally would appear as hard, calculus on the surface of the skin.

Two trips to Europe, and the treating of Prof. Eppstein, of Göttingen, did not improve the patient; and I must say that Eppstein pronounced it one of the most remarkable cases he ever saw, on account of the age of the young man and the large formation of uric deposits.

Every attack generally starts with the inflammation around the tophi, then joint after joint would be painful and swollen as in acute rheumatism. But the big joint, like the elbow, the knee, etc., would remain swollen and painful after the attack and remain free from concretion. Under the action of vinum colchicum and salol and hypodermic injections of morphine, the pain would decrease. Those are certainly symptoms of rheumatic gout.

In November, 1889, the swelling produced by tophi, under the astragalus, caused a great deal of pain to the patient. Being called, I could feel the presence of a hard substance the size of a pigeon's egg very deeply in the tissue. As application of poultices did not have any effect upon the elimination of this tophi, I decided to have it removed by surgical operation. Dr. C. B. Parker performed the operation very nicely; he removed twenty large trophi from the

first, second and third metacarpal articulations and from the metatarsal, and also one very large, the size of a pigeon's egg, from the subastragalian region. In January another operation was performed by Dr. Weber, he removing twelve large tophi between the third metatarsal bone and the internal Cuneiform. The osseous tissue had entirely disappeared to the concretion of the tophi which destroyed it by mixing with it. June 2nd a third operation was performed by Dr. Weber on the instep. One large tophi in the possession of Dr. Weber and about fifteen smaller ones were removed from the calcaneum, cuboid and Cuneiform articulations.

Since that time the patient has been doing fairly well, and this

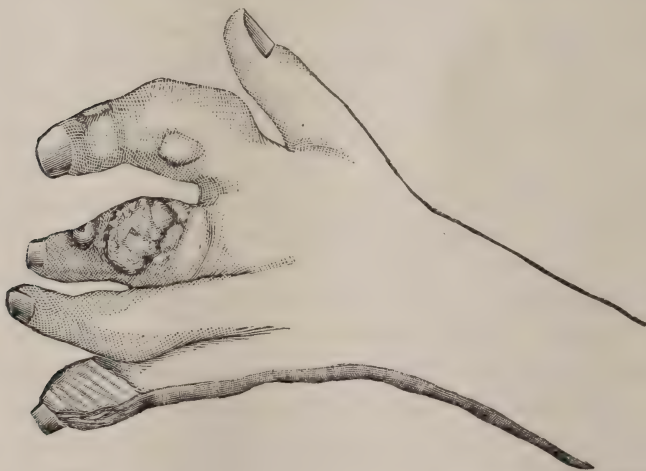


illustration made from photographs taken after the last operation, show his present condition. After three operations and the elimination of about fifty tophi the swellings on the fingers and toes are still extended, and measure on four fingers between seven and eight centimeters in circumference.

The patient is very much emaciated and walks with difficulty.

Where did this uric diathesis come from? There is no heredity whatever. Could the use of sweets, pies and the defect in exercise through rupture have produced it? He did not before his first attack have any dyspeptic symptoms. But he was of nervous dis-



position. Of the predisposing causes, heredity, alcohol, over eating, (which through fermentation cause an elaboration of various acids, especially lactic and volatile fatty acids,) lack of oxygen, physical influences, lead, exciting causes, attack of dyspepsia, none in particular can be traced as a causation of uric diathesis in R. But I am inclined to believe in the theory of Dr. Paul Gibier, director of the Pasteur Institute in New York, who gives to every person a chemical temperament, claiming that one is born with an acid constitution when another is born with an alkaline constitution. Every one with an acid temperament is predisposed to rheumatism, gout, etc. With this predisposition the use of sweets, pies, the lack of oxygen and exercise and the nervous disposition, we have probably an explanation of excessive formation of uric acid in the blood, and consequently the formation of those large deposits of urates of sodium in this young man. Foods, as pies, sweets, etc., of any kind, cause as I said before, thorough fermentation and elaboration of various acids, especially lactic and volatile fatty acids. Those acids on absorption cause decreased alkalinity of the blood and consequently diminish the power for holding urates in solution, leading to secondary deposits, thus producing that variety of goat, resulting from diminished elimination.

Now that I have tried to explain why my patient is gouty, I will expose to the society a new plan for treating him: This plan has been suggested to me by a recent experiment made in the laboratory of Edison. The attention that has been awakened throughout the world by the discovery of Koch will probably prevent the experiment of Edison attracting the notice it deserves. For this reason, I have no hesitation in declaring that the new method that has been inaugurated by the learned electrician deserves to be examined very closely, as its practical consequences are incalculable. Let each one consider the advantages to be derived from giving, by electric endosmosis, drugs which the stomach will not stand or which it decomposes as they pass through, and yet this is only one of the less important sides of the question.

I will to-day only speak about the application of Edison's method to uric diathesis. I hope that at our next meeting I will be able to

give the result of my own experiment with electric endosmosis. Lithia is one of our best solvents of urates. It transformed urates of sodium into urate of lithium, which is more soluble and consequently easily thrown off from the organism by the natural ways of excretion. Lithia is very trying on the stomach when given for awhile, therefore I could not judge from its effect upon my patient, as he never could take much of it. Therefore I will use it through endosmosis. I will report the results in this case at another time.

Electric endosmosis has the property to increase the osmotic diffusion which takes place between two solutions which are separated by a porous diaphragm. The current takes place, in a given direction, from the positive to the negative pole. Preceding experiments have demonstrated the possibility of affecting the diffusion of lithium salts through an animal membrane by the use of the galvanic current.

Experiments have been made on healthy persons and urates of lithium found in the excretions from the kidneys by the spectroscope, in the proportion of one to forty thousand. By using this urine concentrated by evaporation the specimen gave the characteristic band of lithium.

We all know that one part of chloride of lithium gives five times its cubic value of urates of sodium. Therefore I am inclined to believe that we may stop the formations of tophi with this method. I will immerse the left hand of my patient in a solution of chloride of lithium and the right hand in chloride of sodium, and then use a galvanic current of as many millamperes as my patient will stand.

50 Euclid Avenue.

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## CORRESPONDENCE.

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### KOCH'S LYMPH IN VIENNA.

WIEN, January 21, 1891.

Editors of the Gazette :

You may be interested to receive some of the views held at Vienna in regard to Koch's remedy. When the first articles appeared in the papers, saying that at last tuberculosis could be cured, the hospitals

were filled to overflowing ; the old cases came in crowds to the clinics, hoping and expecting soon to be well again.

Professor Nothnagel, in his lectures to the students at that time, spoke very highly both of the method and the man.

Professor Billroth was much more guarded in his expressions.

Professor Koch has now given to the profession the composition of his lymph, which Professor Kaposi interprets to be the ptomaines from the culture of the tubercle bacillus preserved in glycerine.

Dr. Finger says, " The principle is there; the method of application, however, will have to be changed. "

But let us see what has been accomplished. In lupus the injections seem to be beneficial, cases having been discharged as cured—other methods, the application of the cautery, a mixture of creosote and salicylic acid, and other remedies, have given as good results ; now, however, reports come that these cases have had relapses. Professor Kaposi, in his lecture on lupus this morning, said: " Koch's lymph is a failure. " He showed a number of cases, which, while the injections were given, did well, but upon discontinuing them for seven or eight days, lupus nodules again appeared.

One case of lupus, observed here in Vienna, had, after each injection, not only a marked general reaction and a local reaction at the seat of the lupus, but new patches of inflammation appeared in apparently healthy tissue. Similar cases have been observed in Berlin. Koch claims that in these cases the tubercle bacillus is there before the injection, the lymph merely disclosing its presence.

Virchow says this invasion of new tissue is a direct result of the remedy.

In tuberculosis of other organs, the case is no better. Many patients have died as a direct result of the injections, many others instead of receiving benefit have been made worse. For example, a patient, having simply a slight catarrhal manifestation at the apex of one lung, after one injection was found to have a dullness.

Chronic tuberculosis of the lungs has been made so much worse, that Neuser, who has been making a large number of experiments, says that he regards the lymph as a very good means of changing a case of chronic tuberculosis into an acute miliary tuberculosis.

Cases, also having chronic intestinal ulcers, have, after one injection, developed a violent peritonitis.

As a means of diagnosis, Billroth remarked a number of weeks ago, that Koch's lymph is not as good in chronic tubercular troubles as iodide of potash is in tertiary syphilis.

There is here at Vienna a very strong reaction setting in ; doubtless the pendulum will swing too far the other way. One thing is certain, the sphere of this new aspirant for public approbation is limited. Time will define its extent.

Respectfully Yours,

Krankenhaus, Vienna.

N. STONE SCOTT, M. D.

P. S.—I understand Professor Koch has gone to Egypt for his health.

N. S. S.

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### MALIGNANT DEGENERATION OF LARYNGEAL NEOPLASMS.

CLEVELAND, O., January 31, 1891.

Editors of the Gazette:

Kindly make a correction in the next number of the GAZETTE as follows: On page 121 of the January GAZETTE, in the last paragraph of the Report on Progress in the Diseases of the Nose and Throat, it should read instead of: "Of these 10,747 cases, 8,216 were not treated, etc.," "Of these 10,847 cases, 8,216 *were* treated, etc.," and further: "In the 5,531 cases of benign laryngeal tumors which were treated, etc.," it should be: "In the 2,531 cases of benign laryngeal tumors which were *not* treated, etc." As the paragraph read before it conveyed exactly the opposite meaning from that intended, so kindly make the correction as indicated above and oblige.

Yours, J. WOLFENSTEIN.



# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### NEEDLESS FEAR OF HEMORRHAGE AFTER TONSILLOTOMY.

The only valid excuse offered for not performing tonsillotomy in every case of hypertrophy of the tonsil, in which the tonsil is enlarged sufficiently to interfere with free nasal respiration is the very slight one of hemorrhage. Statistics have shown that dangerous hemorrhage, after removal of the tonsil, is a very rare occurrence. The records at the surgeon general's office at Washington, D. C., show that only two deaths from hemorrhage have occurred as the result of this operation in the past twenty-five years. In one of these cases, a child eight years of age, there was an anomalous course of the internal carotid; in the other case the patient was twenty-five years of age. It does not appear that in either instance the usual recognized

methods of checking hemorrhage in these cases was pursued. Mackenzie, during all his extensive experience, has never met but one case where there was dangerous hemorrhage. There are no large blood vessels supplying the tonsils and experience has proven that hemorrhage after tonsillotomy almost always ceases spontaneously. This is especially true in children in whom the gland tissue is loose and readily collapses and checks hemorrhage. In adults there are more fibroid elements which enter into the composition of the hypertrophied tonsil, so that in about one case in a hundred the hemorrhage may not cease spontaneously, but can usually be controlled easily by holding ice in the mouth and application of cold externally, and if this does not relieve it promptly, it can be easily controlled by direct pressure to the stump, and in extreme cases ligation of the carotid may be resorted to. In view of these facts, it does not seem necessary to resort to the use of the cold snare. Ignipuncture, galvanocautery, or any of the other tedious and inefficient procedures recommended for these cases. Nearly all of these applications are painful and cannot be used with children. And no one should be allowed to grow to adult age with tonsils so large as to make mouth breathing necessary.

#### THE OHIO MEDICAL UNIVERSITY.

The *Columbus Medical Journal* announces in its last issue the burning of a new medical school at Columbus to be known as the Ohio Medical University. It seems as though the ten regular medical colleges, the three homeopathic, the two eclectic, and one other not classified, besides several bogus institutions, ought to meet the present requirements of medical education in this State, but with medical colleges as with medical men—there is room at the top.

#### A WORD WITH OUR SUBSCRIBERS.

The improvements of the *GAZETTE*, beginning with the first number of this volume, have been made at a large expense—in fact, much larger than we anticipated. The journal is yours and what you make it. All the money received from every source is put into it. It is

needless to inform you that the *GAZETTE* is not conducted in the interests of any patent medicine firm, publishing house or instrument dealer, but solely for the advancement of medical science and the general welfare of the medical profession. If all our subscribers would pay promptly in advance we can assure you that we would give you a much better journal. How many will do so? Do not wait for us to send you a bill; just send on your money, and our book-keeper will properly credit you and send receipt by return mail.

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### A HINT TO WRITERS.

Writers for medical publications, when they have occasion to use weights or measures, should use the ordinary method if they desire to be read and understood by the majority of American physicians. If they prefer the metric system, the ordinary equivalent should be appended. Whatever the future may do toward supplanting the old fashioned English weights and measures and establishing the metric system, that time has not yet arrived when the latter is preferred and familiarized by the majority. A book or journal article besprinkled with the foreign looking and unfamiliar terms of the French system is generally skipped by the average reader, or if read it conveys but indefinite and unsatisfactory knowledge. But it does convey one or more of four impressions; first, that the writer is pedantic; or second, that he wants to be a reformer; or third, that he wants the reader to know that he has been abroad; or fourthly, that he does not care to be read by the rank and file of the profession.

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### MEDICAL PROGRESS.

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#### CAUTERIZATION WITH ZINC CHLORIDE

is recommended by Harberlin as a palliative measure in cases of uterine carcinoma too far advanced for operation. Mixing flour and zinc chloride in equal parts with water to a thick paste, he covers with the mass a cotton tampon and places it upon the spot selected. The tampon is held in place by gauze, and allowed to remain for at most twenty-four hours, and the vagina then thoroughly irrigated. Pain is easily controlled by morphine, and in from five to eight day

a portion is sloughed off, leaving fresh granulations. Hemorrhage and discharge are both much diminished. Occasionally portions of sloughing tissue are scraped away before applying the paste.—*Berl. Klin. Woch.* p. 48.

#### THERAPEUTICS OF SYPHILIS.

*Schmidt's Jahrbuecher d. Gesammten Medicin* contains a careful review by Friedheim of a dozen articles bearing upon the treatment of syphilis. Of especial interest is Szadé's successful experience with intramuscular injections of salicylate of mercury suspended in mucilage according to the formula:

Hydrarg. Salicyl.....	1.0
Mucil. Gummi Arab.....	0.5
Aqua Dist.....	20.0

From four to twelve injections were made in a period of thirty days, according to severity of symptoms, and strength of mixture injected (for in a few cases a seven per cent fluid was used).

From three-quarters of a grain to one grain was injected each time, producing local irritation in very few instances, and an abscess never. The simpler secondary manifestations yielded most readily. *i. e.*, ulcerations of the mucous membrane.

Sz. has had better results in the squamous-pustular syphilides with mercuric thymolo-acetate in doses of a grain, using as injection fluid:

Hydrarg. Thymole-acetici.....	1.5
Mucil. Gummi Arab.....	1.5
Aq. Dist.....	20.5

Even syphilitic ulcers were quickly healed under this treatment.

From Senator's clinic comes the report of twenty cases treated with oil injections containing three-quarters of a grain of calomel according to Neisser's recommendation. In three cases success was obtained where inunctions and sublimate injections had failed.

#### THE BACTERIA IN THE DIPHTHERITIC THROAT OF SCARLET FEVER.

Wurtz and Bourges (*in the Archiv de Med. Experimentelle*) carefully studied the bacteria in the rapidly progressing form of this complication as seen in nine cases. They found in none of these the Loeffler's bacillus, although all the clinical symptoms of true diphtheria were clearly manifest: Streptococci were found in all these



cases; in five, staphylococcus pyog. aureus, and in one, staph. pyog. albus. The streptococcus mentioned resembled that of erysipelas, but was not identical with it. From its constant presence and from inoculations on the cheeks of pigeons, the authors conclude that it is capable of producing membranes very like that of diphtheria. In the slower developing form, however, the true Loeffler's bacillus was found in two cases and hence they infer that the rapidly progressing form of angina in scarlet fever is not of a diphtheritic nature, at least in the majority of cases.

#### TREATMENT OF EMPYEMA.

The surgical treatment of empyema is directed to three points: 1st. Removal of pus from chest-cavity; 2d. preventing a fresh accumulation of pus; 3d. finally as the effect of the two preceding achievements, the restoration as far as possible of the lung to its function. Dienlafoy's method, aspiration, accomplishes the first indication, but is wholly inefficient for the second, in view of continued suppuration from the wall of the cavity. Hence the aspiration must be frequently repeated, at the risk of establishing a fistula at the point of repeated puncture. From the experience gained in the Budapest Hospital for the Poor and Children, the speaker favored simple incision in the sixth or seventh intercostal space. This is a simple procedure, not requiring general anaesthesia, and entirely trustworthy.

On the other hand resection of a rib is usually not needed, and is only required in cases when the approximation of the ribs hinders the free flow of pus. V. introduces a drainage tube and washes the cavity frequently with a lukewarm boracic acid solution 30 per cent. He gives no heed to the entrance of air into the chest cavity, and has observed recovery in from 70 to 80 per cent of his cases.—*Verebelyi. Wien. Med. Woch. p. 24.*

#### SALT SOLUTION INJECTED IN ACUTE ANÆMIA.

The moment of greatest danger in acute anæmia is when the blood pressure rapidly falls. F. reports two cases in which he was forced to inject salt solution. In one case of excessive metrorrhagia 100 grams of 0.6 per cent. sodium chloride solution was injected subcutaneously, and after short intervals twice repeated in

double quantity. After the second injection the radial pulse became perceptible and the breathing regular. Patient discharged in eight days. The second case was one of hæmorrhage after ovariectomy. After 400 grams of the solution was injected the pulse became perceptible. Shortly afterwards the patient collapsed again, 700 grams were injected and rapid recovery followed.—*E. Frank in Wien Med. Woch. p. 76.* J. P.S.

## AMONG OUR EXCHANGES.

Those who have been tempted to try the new bromoform treatment of *Whooping Cough* on the strength of the flattering testimonials to its efficacy, given both on this side of the water and in Europe, will have their ardor somewhat dampened by the report of a death from its use occurring in the hands of DR. NAUWALAERS.\* The child was fifteen months old, and a two-drop dose every three hours having failed to control the paroxysms, the dose was increased to three drops, and finally to twelve drops every three hours. After taking this amount for a week the child passed suddenly into a state of profound stupor and collapse, with great pallor, complete muscular relaxation, shallow respiration, immobile pupils and insensible cornea, and, finally, in spite of every effort at restoration, death. The chief pathological appearances on autopsy were a large quantity of non-purulent liquid in the bronchial tubes, also a large quantity of red liquid under the dura mater, and a distention with fluid of the lateral ventricles. The advantages of *crude opium as a surgical dressing* are very fully set forth by DR. L. W. LUSCHER, of Kansas City, Mo.,† who first observed its use for this purpose among the Chinese, who have been in the habit of so using it for generations. Applied to a raw surface it stimulates the circulation, it quiets the pain in an hour or two, and promotes sleep, and it renders the wound asleptic; it is, moreover, adhesive, and requires no dressing over it, and by checking all discharge of serum, a thing which it accomplishes better

\**Jour. de Chirurg. et de Pharmacol.* Nov. 20, 1890.

†*ty Med. Index*, Jan. 1891.

than any other dressing, as also by means of its aseptic quality, it promotes healing by first intention where suppuration would occur under other dressings. Varicose ulcers, sluggish and irritable ulcers, all ulcers, in fact, specific and otherwise, characterized by pain defective circulation and feeble and unhealthy granulations, improve rapidly under this dressing. Now and then the constitutional effects of opium are produced by absorption, in which case the dressing must be removed and another kind of dressing substituted for a time. The opium should be purchased in a ball, and kept soft by keeping in the bottle with it a bit of guaze saturated with water. If there appears a little mould on the ball it will do no harm. A piece of this soft opium is cut off and spread upon a cloth large enough to extend about an inch beyond the margin of the ulcer or wound to be covered. When firmly pressed down it will adhere for weeks except on exposed parts, like the hand, where the edges of the cloth may be kept in contact with the skin by means of a little Venice turpentine or collodion. No bandage or guaze need be placed over it. Where the constitutional effects are manifest, the drug causes less constipation than when exhibited by the mouth, and there is no secondary headache or depression. In the discussion which followed the reading of DR. LUSCHER's paper, in the Kansas City Academy of Medicine, DR. J. W. PARKER reported a case of obstinate *ulcer of the cornea* which recovered promptly under the instillation of the aqueous extract of opium—and that after the usual method of treatment had failed. An interesting case of *opium poisoning* is reported by DR. CLARA T. DERGUM, of Philadelphia, Pa.,<sup>‡</sup> in which *strychnia*, administered hypodermically, seemed to be the make-weight in the recovery. The physicians in attendance had been using emetics followed by flaggellation, faradism, caffeine, atropia hypodermatically, etc., continuously for six hours, by which time the respirations had sunk to an average of five in two minutes. By adding to the other treatment hypodermic injections of one-sixteenth grain of strychnine every hour, respiration began to increase at once in fullness and depth, and then in frequency. This dose was repeated hourly till the patient had taken seven-sixteenths of a grain and began to exhibit

<sup>‡</sup>University Med. Mag., Jan. 1891.

the physiological effects of the strychnine, when it was discontinued. The result in this apparently hopeless case would seem to indicate that an early resort to strychnine is indicated in cases of opium poisoning.

The necessity of having on hand alcohol somewhere near absolute for the purpose of dehydrating microscopic sections, etc., preparatory to mounting them in balsam, coupled with the fact that *absolute alcohol* is quite expensive and obstinately refuses to stay absolute any length of time after the bottle is opened, gives point to a quick method of preparing it from common commercial alcohol, cheaply and free enough from water and other impurities for most practical purposes, which method is published by MR. H. M. WHELPLEY, of St. Louis, Mo.\* He heats four ounces of sulphate of copper till it is thoroughly dried, *i. e.*, till the water of crystallization is all driven off. He then adds to it one pint of commercial alcohol, shakes the mixture thoroughly and lets it stand for a few hours. The salt takes up the water and turns blue, leaving the alcohol ready for use. The same salt can be dried over again and used to dehydrate another pint, and so on as often as needed.

DR. A. L. LOOMIS,† of N. Y., has formulated a convenient practical rule relative to the exhibition of *digitalis* in cases of heart failure. He maintains that when, in a case of advanced heart failure from dilatation the urinary secretion is increased by the use of *digitalis*, and so long as the amount of urine exceeds or equals the normal, it is safe to continue the drug, but whenever the amount of urine diminishes under its use and falls below the normal, the drug should be at once discontinued, otherwise the ventricular contractions are likely to become more and more feeble until finally there results complete stoppage of the heart. To obtain the best effects the patient should be at rest, therefore the largest dose should be given at night on retiring. Cupping is one of those old methods of treatment that has fallen into an undeserved disuse, owing chiefly to the very current notion among patients that all treatment must be first of all agreeable, and their refusal, often times, to submit to it. DR. T. J. HEARD,‡

\*Cincinnati Med. News, Dec., 1890.

†Southern Med. Rec., January, 1891.

‡New York Med. Times.



recalls attention to its value in cases of *infantile convulsions* and states as the result of extensive trial, that in nineteen out of twenty cases the spasms will be arrested, if one or two dry cups are applied in the neighborhood of the seventh cervical or the first dorsal vertebra. A remission will then be secured, during which the patient can be brought under the influence of internal remedies. DR. GEO. C. KINGSBURY, of England, has been for some time placing his main reliance on ergotin in treating *erysipelas*\* and is enthusiastic in its praise. He paints the affected part with a fifty per cent. solution, and states that its effect is to so diminish the vascular tension that pain ceases wholly within twenty-four hours, and the patient even in severe cases frequently progresses to an uninterrupted recovery without needing any internal medication whatever. In the matter of prophylactic treatment of threatened *puerperal mastitis*, DR. CHAS. MEIGS WILSON, of Philadelphia, Pa., † urges the necessity of keeping the bowels gently open from the first, preferring as a laxative the compressed pill of compound liquorice powder or pil. rhei. comp. or some gentle laxative of like nature, given in small doses repeated until the desired action is obtained. As a second precaution the nurse is instructed to wash the nipple with warm water before and after each time the child takes the breast. After the child has nursed and the nipples have been carefully washed and dried they are to be smeared with castor oil which, owing to its "sticking properties," to use a painters' expression, and to the further fact that it does not melt and thus run over and soil the clothing, he finds to be a better application than coca butter or any of the petroleum jellies for this purpose. This treatment, in addition to supporting the breasts by a bandage, and dry diet together with freely opening the bowels with salines in case the breasts incline to overfill, have sufficed in his hands to prevent most cases of threatened mastitis from going on to suppuration.

L. B. T.

\*Ind. Med. Jour., January, 1891.

†Times and Register, December 20, 1890.

## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio

AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY being a dictionary of the technical terms used by writers on medicine and the collateral sciences in the Latin, English, French, and German languages. By Frank P. Foster, M. D., editor of the New York Medical Journal, with the collaboration of Drs. Wm. C. Ayers, W. B. Bronson, Chas. S. Bull, Henry C. Cce, Andrew F. Currier, Alexander Duane, Simon H. Gage, Henry Garrigues, Chas. B. Kelsey, Russell H. Nevins, and Burt G. Wilder. D. Appleton & Co., 1, 3, and 5 Bond St., New York, 1890.

This is volume II of this encyclopædic work, and treats of the subjects from C. A. C. to F. A. S. A. Y. Every student of medicine has felt the need of such a work, and when completed will prove creditable to the medical profession in America. It is to be hoped that the editors and publishers will not permit the interval to be so long between the issuing of this volume and the following one. The delay in issuing this volume, we have been informed, was largely due to the severe illness of Dr. Foster, but who is now enjoying good health. It is unnecessary for us at this time to speak of the inestimable value of a work of this kind which contains an accurate definition, the origin spelling and pronunciation of every technical term found in medicine or the collateral sciences, no matter whether in the Latin, English, French, or German languages.

THE PHARMACOLOGY OF THE NEWER MATERIA MEDICA. Embracing the Botany, Chemistry, Pharmacy and Therapeutics of New Remedies. Being the results of the collective investigation of new remedies, under the "Working Bulletin" System properly arranged, classified, indexed and placed at the disposal of the medical profession. Issued in monthly parts. Subscription price, \$2.00 in advance. Single copies, 25 cents each. George S. Davis, Detroit, Mich.

During the last ten years a mass of pharmaceutical and therapeutical knowledge of the newer materia medica has been gathered from many and varied sources of botanical and pharmaceutical information, clinical reports, physiological researches, reports from special botanists traveling in the habitats of many of the more important of the newer drugs, etc., much of which has already been published in the form of "working bulletins," but all of which is now to be arranged, classified, indexed, and eventually placed at the disposal of medicine and pharmacy, in book form.

Each remedy will be treated in an impartial and purely scientific manner, giving, as far as possible, in the order named:

**THE BOTANY OF THE DRUG:** Names, synonyms, natural order, origin, history, commerce, production, description, microscopical structure, etc.

**THE CHEMISTRY OF THE DRUG:** Composition, analysis, etc.

**THE PHARMACY OF THE DRUG:** Adulterations and substitutions; pharmaceutical preparations; incompatibles, etc., etc.

**THE THERAPEUTICS OF THE DRUG:** (1) Reports of experiments made upon animals to determine the physiological action of the drug. (2) Clinical reports, pro and con, published in medical periodicals, etc.; arranged with reference to the diseases in which the drug has been tested, or with reference to the nature of its action upon the human system. (3) Resume by a competent physician, giving the indications, antagonists, synergists, physiological action, toxicology and antidotes, dosage, etc., of the drug as established by the reports of clinical and physiological investigators above mentioned.

In order to properly carry out this programme, the work of compilation, editing and revision, indexing, etc., has been placed under the charge of a bureau of competent physicians, botanists and chemists, and no pains will be spared to secure conciseness and accuracy.

It was at first intended not to present the work to the profession until entirely complete, so that it could be offered in book form. Realizing, however, that some time would elapse before it could be finished in this shape, and that the information would be of value as fast as completed in parts, the publishers have decided to issue monthly, uncut sections of the volume, each of which will embrace so much as is finished up to the date of its issue, and which has not been published in a section previously issued.

When complete these sections may be bound to suit the taste of the owner, or we will receive them in exchange for a bound copy, if the subscription has been paid in advance. As near as we can estimate the work will be complete in a volume of about 800 pages.

ILLINOIS STATE BOARD OF HEALTH. Seventh Report on Medical Education, Medical Colleges and the Regulation of the Practice of Medicine in the United States and Canada, 1765-1891. Medical Education and the Regulation of the Practice of Foreign Countries. By John H. Rauch, M. D., Secretary, 1891.

For the first time in its history the Report on Medical Education, issued by the Illinois State Board of Health, embraces the medical institutions of the whole world. This is a feature that will be an assistance to medical boards that have to determine the value and validity of a medical diploma.

As regards medical education in the United States, the report shows the marked changes for the better that have taken place in the past ten years, and it is seen that more progress will be made within the next two years. Most of the changes for the better that have been made in this century have occurred since 1881, when the first number of this report was published, and since 1882-83, when the schedule of minimum requirements of the Illinois State Board of Health went into effect. In 1882 only 45 colleges in the United States and Canada required educational qualifications for matriculation; now the number is 129. Of the 148 medical colleges 123 now teach hygiene and 119 teach medical jurisprudence. In 1882 these branches were taught in 52 and 61 colleges, respectively. In 1862-83 the average length of the lecture terms was 23.5 weeks; the average is now 26.3 weeks. There are now 111 colleges that have lecture terms of 6 months or more, while in 1882-83 the number was 42. A table shows the results of the examinations before the State Boards of Medical Examiners of Alabama, Minnesota, New Jersey, North Carolina, South Carolina and Virginia since the dates of their organization. Another table shows the results of the Prussian State examinations in 1890.

Special attention is called to the fact that in some of the largest universities in this country courses preliminary to the study of medicine are now offered—the University of Pennsylvania, Cornell, Yale, Princeton, Lake Forest and Northwestern Universities, Johns Hopkins and the University of Wisconsin, while Harvard has made arrangements by which those intending to study medicine can take a special A. B. course in three years. The course offered by the University of Wisconsin is fully outlined, as is the one that was pro-



posed by the Medical Department of the University of Michigan, but was rejected by the joint faculties. The report shows a marked increase in requirements as to preliminary education during the year 1890. It shows also that the movement for four years' study and three courses of lectures is an assured success, and a list is given of the colleges that have adopted or will soon adopt the requirements of longer terms of study.

Several State boards, having authority similar to the ILLINOIS BOARD, have already adopted the requirement in this respect, and those that have not already done so, will in a short time co-operate in the movement. The potency of this factor will be appreciated when it is considered that these boards directly control the recognition of diplomas in an area embracing about 41,000,000 people, and indirectly in almost the entire area of the United States; and that a number of them exercise jurisdiction in the new States and Territories.

It is suggested in the report that, with four years' study and three courses of lectures assured, the boards of medical examiners and the colleges should co-operate in establishing a system of registration of medical students before they enter college, in order that the requirement of one year of study outside a college may not be mere form.

A correct resume of the medical practice acts in the different States and Territories is a valuable addition to the report. Comprehensive tables show the progress made toward higher medical education in the past ten years, with the numbers of matriculates and graduates for each year, and the percentage of graduates to matriculates. These tables show the effect of the schedule of minimum requirements of the Illinois Board after the session of 1882-83. In 1882-83 the total number of medical students in the United States was 12,274, while in 1884-85 it was 10,987; and the 12,000 mark was not reached again until 1887-88. The percentage of graduates to matriculates in the United States has fallen from 35.8 in 1881-82 to 30.1 in 1890. The percentage in Canada has not reached 24 in ten years.

That portion of the report devoted to institutions and regulations in foreign countries contains in full the requirements of the examining boards in Great Britain, with the names of all the medical schools and of all the hospitals in which instruction is given. The requirements as to preliminary education in foreign countries are given for

purposes of comparison, as well as the requirements for graduation and for the license to practice. The course of study and the semesters in which the various subjects should be taken up, as advised in the German universities, as well as a description of the German method of examining for the license to practice, are given in full. In addition, the correct names and locations of foreign medical institutions are given.

**PHYSIOGNOMY AND EXPRESSION.** By Paolo Mantegazza, Senator; Director of the National Museum of Anthropology, Florence; President of the Italian Society of Anthropology.—Two double numbers of "The Humbolt Library," price 30 cents each.—The Humbolt Publishing Co., 28 Lafayette Place, New York.

Professor Mantegazza is the leading anthropologist of Italy, and his work has been already translated into several European languages. He has written a new chapter for the present edition, which contains his latest views on the subject, which he has made his own. Taking up the study of expression where it was left by Darwin, Professor Mantegazza has treated the subject in a style that is at once popular and scientific. He has endeavored to distinguish observed facts from mere opinion or imagination, and he has given definiteness and coherence to the many new facts already collected.

The ancients, from Cleanthes up, believed that they could recognize dispositions from the looks. Lavater, who was a physician, a naturalist, and, above all, and enthusiast, first gave something of a rational form to physiognomy. What the volume proposes is "to restore anthropology and to psychology that which belongs to it by right, and to make known the positive documents which we possess today on the human countenance and on expression."

**PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS.** An Epitome of the Physical Signs of the Heart, Lung, Kidney and Spleen in Health and Disease. Edited by John E. Clark, M. D., Professor of General Chemistry and Physics in the Detroit College of Medicine. 41 illustrations. Cloth, f2mo, 200 pages; price, postpaid, \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

In the arrangement of this work the object has been to present to the medical student and practitioner a systematic and condensed course of Physical Diagnosis and Urinalysis. The portion on Urinalysis will be found to consist of two parts, practical and reference. The editor believes there is a demand, in many medical schools and by many medical students, for a short, definite course of

organic chemistry, touching alone on those subjects of every-day interest to the medical practitioner, such as the analysis of urine, chemical, and microscopical; the examination of sputa, bile, blood, bacteria, etc.; methods for the quantitative estimation of the more important urinary constituents, normal and abnormal, such as urea, chlorides, sugar, albumen, etc. To meet these requirements the editor has compiled this volume. Teachers in the laboratory will find the work of advantage as giving the plan for definite instruction with such manipulatory details as will enable students to pursue the course of urine analysis with the minimum of assistance. This is essentially the same as the course given by the editor in the college with which he is connected. Plates have been introduced as needed to still further assist in elucidating the text.

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### PAMPHLETS.

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[In most cases any one desiring a copy of any pamphlet noticed under this head will doubtless receive it by addressing the author—not forgetting to enclose a stamp and a mention of the GAZETTE.]

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Uric Acid Diathesis in Affections of the Eye, Ear, Throat and Nose. By W. Cheatham, M. D., Louisville, Ky.

The writer thinks that specialists do not give enough attention to the gouty diathesis in this country.

An Analysis of the Motor Symptoms and Condition of the Ocular Apparatus as Observed in Imbecility, Epilepsy and the Second Stage of General Paralysis of the Insane. By Chas. A. Oliver, M. D., Philadelphia, Pa.

This paper presents a series of observations and conclusions, the result of four years' work in this class of cases at the State Hospital for the Insane at Norristown, Pa.

Persistent Headaches and How to Cure Them. By Julian J. Chisholm, M. D., Baltimore, Maryland.

Dr. Chisholm presents his pleas for the more frequent use of spectacles for the relief of headache, in his usual vigorous manner. He says there is a society for protecting children from cruel treatment. It prohibits their employment in factories. *The factories which should head the list as most abusive to their general well-being are the schools as they are now conducted.*

**Hypodermic Medication in Diseases of the Eye.** By Charles J. Lundy, M. D., Detroit, Michigan.

Dr. Lundy urges the more frequent use of the hypodermic syringe in the treatment of eye diseases.

**The Relation of Eye Strain to General Medicine.** By George M. Gould, M. D., Philadelphia, Pa.

This is an excellent presentation of this subject as now held by most oculists.

**Case of Corneal Transplantation from the Rabbit to the Human Eye.** By Wm F. Smith, Chicago, Ill.

Dr. Smith does not believe the results of this operation very favorable.

**Imaginary Foreign Bodies in the Throat.** By Max Thomer, M. D., Cincinnati, Ohio.

The author thinks that in some cases we are justified in resorting to some innocent deception if, by so doing, we can cure our patient of his presumption and restore his balance of mind. The "innocent deception" is rather hard on the other honest physician who has endeavored to persuade the patient that there is nothing in the throat. We have been the "honest physician" several times recently.

**The Treatment of Cystic Goitre by Electrolysis.** By E. Fletcher Ingals, M. D., Chicago, Illinois.

After reviewing the various methods of treating cystic goitre, Dr. Ingals reports two cases that had resisted other methods of treatment which rapidly disappeared under the influence of strong electrical currents.

**Removal of Tonsillar Hypertrophy by Electro-Cautery Dissection.** By Edwin Pynchon, M. D., Chicago, Ill.

The title scarcely conveys an intelligent idea of the writer's operation which is reserved for the treatment of those cases wherein the gland is hypertrophied though but slightly enlarged. The hypertrophy is more of the follicles than of the glands which are filled with a cheesy secretion of a disagreeable odor. These cases are usually met in adults. It is impossible to remove them with the ordinary tonsillitome. Other methods of treatment have proved unavailing and he recommends the dissecting them out with the electro cautery. We can see no advantage of this procedure over that of ablation with the knife.



The Treatment of Diseased Tonsils when Unattended with Hypertrophy. By John O. Roe, M. D., of Rochester, N. Y.

Dr. Roe calls attention to the fact that this diseased condition (see preceding article) of the tonsil follows as a sequellae of the hypertrophic tonsils of children, and illustrates the necessity of removing from the throats of children all tonsils attended by hypertrophy. The treatment, *par excellence*, in Dr. Rae's experience is the removal with the knife, and the reviewer can testify to its efficiency and value and freedom from hemorrhages, as he has been using this method for years with the most satisfactory results.

Reflex Pharyngitis of Nasal Origin. By A. B. Thresher, A. M., M. D., Cincinnati, O.

The author calls attention to the fact that patients often present themselves with the ready made diagnosis of sore throat, when a careful examination fails to reveal any pathological lesion in the pharynx. Not unfrequently these throats are penciled and printed and sprayed for a time with no relief to the patient, who finally either ceases to hope for relief or passes to another doctor, only to undergo the same treatment.

Diphtheria: with Special Reference to its Treatment with Hydrogen-Peroxide. By W. A. Diekey, M. D., Tiffin, O.

The writer believes that in the use of this drug we have a valuable local application in the treatment of diphtheria.

Two Cases of Nasal Hydrorrhoea by T. Melville Hardie, B. A., M. B., with a report of the Eye Symptom. By Carey A. Wood, M. D., C. M., Chicago, Ill.

This is a valuable contribution to this unusual disease. A careful consideration of these cases leads to the conclusion that nasal hydrorrhoea is not a disease, *per se*, but a symptom of many pathological lesions.

Catarrhal Otitis Media. By Lawrence Trumbull, M. D., Philadelphia, Pa.

Dr. Trumbull calls attention to the dangers resulting from the use of the various so-called "ear drums" and publishes a letter from a patient detailing a history of his case in an intelligent manner, and the reply.

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## NOTES AND COMMENTS.

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*Dr. Edward Cushing* has returned from abroad and is associated in practice with his father, Dr. H. K. Cushing, at No. 20 Euclid avenue.

*Professor C. F. Dutton* will deliver the opening address at the medical department of Wooster University, at the college building, Brownell street, Thursday evening, March 5th, at 8 p. m. The profession and all friends of medical education are invited to be present.

*A Tribute to Physicians.*—It is not often that the medical profession receives praise, and when tendered it is proportionately appreciated. According to the *Medical Standard*, Dr. Eccles, in a recent essay read before the Brooklyn Ethical Association, paid the following eloquent tribute to the profession: "Medicine, in all ages, has attracted into its ranks the most self-sacrificing members of society. As a science it was born in altruism. To this day it offers the greatest opportunities of any department of life for the practice of the most ennobling graces of character. Medical men stand alone on the earth among all others, striving with their whole might to extinguish their own business. They preach temperance, virtue and cleanliness, knowing well that, when the people come to follow their advice, their occupation, like Othello's, will be gone. They establish boards of health to arrest disease, while well assured that such sanitary measures steal money from their purses. How well they succeed is shown by official statistics. Nobody ever fails to send for a physician in typhus fever. Only six persons in a million die of this disease. Many more used to die when no effort toward its suppression was made. Whooping cough seldom frightens patients and neighborly old ladies give advice. As a consequence 428 in a million die of this disease. Measles being a little more serious, needs the doctor oftener. Only 341 in a million die. Scarlet fever is still more alarming so that medical advice is more in demand and 222 in a million die of it. Diphtheria frightens still more, thus assuring the doctor's presence oftener, and 178 in a million die. It is thus with every disease. The fewer it kills the more people fear it, because if they did not fear it they would play the fool and give it a chance to kill more people. If bakers, grocers, dry goods men, carpenters, tailors and members of all other lines of business, gave as much of their labor in charity as doctors do, poverty would be wiped from the earth."—*St. Louis Med. Journal*.

*Dr. Albert P. Brubaker*, of Philadelphia, was on December 12th chosen by the committee of the trustees of the Jefferson Medical College to fill, for the remainder of the college term, the chair of *Materia Medica, General Therapeutics and Hygiene*, lately occupied by Prof. Roberts Bartholow.—*Med. and Surg. Reporter*.

The office of Surgeon General of the army has been filled by the appointment of Dr. Chas. Sutherland, who was senior surgeon of the medical corps and ranked as Colonel. He was therefore first in line by seniority, and being a faithful and capable officer, his appointment is commendable and will no doubt prove eminently satisfactory.

*Death in Acute Anæmia* is due to an anæmia of the brain. This in turn may be the result either of failure of the heart to propel the properly oxygenated and nutrient blood to the brain centers, or to the deficient quality of the fluid still properly supplied.

The heart itself is able to beat for some time after its nutrition has been wholly shut off. The failure of this organ in sudden loss of blood is due to the inadequate filling of its cavities, and the resulting mechanical incompetency of the motor apparatus of the heart. Thus we conceive two forms of anæmia of the brain, the one quantitative, the other qualitative. The first indication is to fill the blood-vessels in the three vital parts, the brain, the heart and the lungs by maintaining the most favorable position of the body of the patient. The same result may be obtained more tardily, though more conveniently, by temporarily shutting off from the circulation the larger extremities and the abdomen by means of the elastic bandage.—*Am. Med. Ass'n.*

*The Treatment of Burns.*—The burned part should first be thoroughly bathed in a warm carbolic solution of 2 or 3 per cent. or with a solution of salicylic acid 3 to 1,000. The carbolic solution is somewhat analgesic as well as antiseptic, but if nothing better is at hand bathe with a warm solution of bicarbonate of soda. Blisters should be carefully punctured and emptied of serum. Then the part may be thoroughly dusted with finely pulverized subnitrate of bismuth and covered with generous layers of cotton wool, or an ointment of bismuth may be used. In extensive burns a cheaper and very efficient application is an extemporized ointment of finely powdered carbonate of zinc with petrolatum.

"Is the doctor in?" asked a tramp at the door of an Arch street physician yesterday. A few minutes later an oldish female came to the door. "I jist wanted to see if the doctor wouldn't give me a pair of his old pants," said the tramp. "I'm the doctor," replied the lady. The tramp had several attacks of vertigo as he dropped down the steps.—*Philadelphia Exchange.*

*The Golden Poppy* (*Escholsia California*) was chosen by the State Floral Society, as the flower of California. A most appropriate choice it would seem, the California Poppy being of a deep golden or orange hue, and a flower that grows wild in great profusion in every part of the state. It typifies at once the orange groves of southern and the gold mines of central and northern California. Two candidates besides the successful one were placed in the field. The Romney Coulteri and the Chelachortus or buttercup lilly! 25 votes were cast 22 for the poppy and 3 for the lilly.—*The Pacific Record.*

*Dr. Wm. E. Wirt*, late of the Hospital for Ruptured and Crippled, of New York city, who has been elected to the chair of Orthopedic Surgery in the medical department of Wooster University has located with Dr. Preble at 353 Prospect Street.



*Moritz Saphir*, the witty Austrian journalist, was once standing in a crowded theatre. Some one leaned on his back, thrusting his head over his shoulders. Saphir drew out his handkerchief and wrung the man's nose violently. The latter started back. "Oh, I beg your pardon," said Saphir, "I thought it was mine."

*What ! Take three glasses of beer every day !* Why, I only allowed you one."

"It's all right, doctor. I consulted two physicians before I called you in, and each doctor allowed me one glass."

*Koch's Syringe for hypodermic injections* is now being advertised by enterprising instrument manufacturers. Instead of a piston a rubber ball is used to propel the solution when pressed upon with thumb and finger. A stop cock prevents ejection of the contents of the syringe till the needle is inserted and all is ready. The price at present is about three dollars and a half; when the craze subsides they can probably be had for about a dollar. A convenient substitute may be had for about fifty-five cents as mentioned in a previous number of the *GAZETTE* by slipping the open end of the rubber bulb of an ordinary medicine dropper on to the butt end of an ordinary hypodermic needle. This is the invention of an American physician and not patented.

*The Koch treatment* is commented upon as follows, in a private letter of recent date from an Ohio physician in Berlin :

"Candidly, I have not a vast deal of faith in the Koch procedure. Its use will be much more limited than the author led us to expect when he made the first communication concerning it. Lupus shows the best results. In joint troubles it appears to do a limited good. Phthisis, so far as I am able to judge, and I have seen a large number of patients being treated, is very doubtfully influenced. There is no class of patients with whom mental impressions play a more important role than those affected with tuberculosis. Just what part this takes in the new 'cure,' the first months cannot clearly show. Many cases too come in from bad hygienic conditions with poor food, to the comforts and cares furnished in hospital, and naturally would, with no medical treatment, in many instances, improve in health and gain in weight. There is so much to be taken into consideration, and the data at present all so scattering and uncertain, one is at a loss to know what is truth. \* \* If I cared to investigate the pathology of 'injected cases,' I would have ample opportunity, for seldom a day passes but one or more cases come into the post mortem room. Either the Koch remedy hurries them out of life or it is applied rather indiscriminately by the hospital physicians."

*Dr. G. W. Crile* is spending a few weeks in New York.

*We are pleased to inform the friends of Dr. Millikin that he has recovered from his recent attack of typhoid fever and will soon be back in his office.*



*They say Dr. Koch's lymph is dutiable under the McKinley bill. Now why should it be? It interferes with home consumption.*

*Gonorrheal Rheumatism.*—Rubenstein of Vienna gives:

**R** Potass. Iodido.....3i.  
Aqua.....3v.

Take one or two tablespoonfuls in the morning and four or five tablespoonfuls in the afternoon.

In many cases after a few hours the pain is lessened.

Local treatment: he envelopes the joint in cloths saturated with a one per cent. carbolic acid solution.

*Despite the fitful exploiting* of Volapuk, the only language that seems to make much progress toward universal use is our own mother English; and its progress is marked and unmistakable. At the beginning of the present century, it is estimated, only about 21,000,000 persons spoke English, while French was the native tongue of 31,500,000, German of 30,000,000, Russian of 31,000,000, and Spanish of 26,000,000. The seven chief languages of Europe—the five named with Italian and Portuguese—were spoken by 162,000,000 people, of whom less than 13 per cent. spoke English. The same languages are now used by 400,000,000 people, of whom about 125,000,000, or 31 per cent. are English speaking. The English language is now used by nearly twice as many people as any of the others, and its rate of growth is every year becoming more rapid. It is splendidly adapted to become the universal language, and appears to be destined for that position—if it be possible for any language ever to attain it.—*New York Tribune.*

*And now certain manufacturers* of surgical dressings have patented a way of folding gauze in a box. This way of placing gauze and lint for convenience of unrolling and unfolding and cutting from the end, we ourselves used years ago and presume other physicians and surgeons did the same, and thought nothing about it. But now we are expected to pay for somebody's patented article. Wonder if there is any patent for "our method" of passing a catheter left handed, when it is more convenient. or of "our method" of warming adhesive straps around a can of hot water when there is not a lamp handy.

*Socially and morally* no man should stand higher in any community than the physician whose life is spent in personally ministering to the physical illnesses of the people. A superior education, superior culture and superior refinement, should by right be synonymous with the title of physician.

*Typhoid Fever.*—The outbreak of typhoid in Waterbury, Conn., having been carefully investigated by the State Board of Health, it was concluded that the evidence permitted no other conclusion than the one that attributed the outbreak to the infection of the milk at the Middlebury Farm.

*A Chicago Doctor's Adventure.*—"Speaking of visitors to Berlin," says a correspondent of the *Medical and Surgical Reporter*, I cannot refrain from telling you about an exceedingly interesting adventure happening to a Chicago physician during the Congress. The Illinois man passed over the Linden late at night reflecting over the glory in store for his native city. Suddenly a suspicious looking individual hustled by, closely touching the doctor. The latter, with the ingenuity of the western man, felt for his watch, and missing it, unhesitatingly began the pursuit of the robber. The suspicious individual fled through the Brandenburg Gate into the Thiergarten, the American doctor in close pursuit, loudly crying "put up that watch!" Near the Victory Column the robber was caught by the doctor, and compelled to deliver the watch, after which he was released. The Chicago man returned to his hotel proud of himself and of his native city and country. But lo! on the table he beheld his watch, which he had forgotten on leaving the hotel. Next morning all the papers published the story of a robbery in the Thiergarten. A French doctor, they said, had been pursued by a burly, powerful robber, attacked and robbed of his valuable watch."

*Orthopnoea.*—In cardiac lesions :

<b>R</b>	Pow'd digitalis.....	gr. x.
	Pow'd colchicum seeds.....	gr. xx.
	Bicarb. Soda.....	gr. xxx.
	M and div. in pill no xx.	

**S.** One pill tid.

—*Dr. Henry S. Bowditch.*

*The Marion County* (Ohio) Medical Society recently decided to ask the legislature to enact a law prohibiting druggists from refilling prescriptions unless ordered by the prescribing physician.

*Election of officers* at the last meeting of the Cleveland Society for the Advancement of Medical Science : Dr. H. K. Cushing, president ; Dr. I. N. Himes and F. J. Weed, vice presidents ; Dr. B. L. Millikin, secretary.

*Cuyahoga County Medical Society* meets the first Thursday of every month at 2:30 p. m. at No. 20 Euclid avenue. The society numbers over one hundred members. There are at least another hundred physicians in the city who ought to belong to this organization.

*Alumni Association* Medical Department Western Reserve University will be held in the College Amphitheater Wednesday, March 5th, at 2 p. m. Commencement exercises and alumni banquet in the evening. Address by Charles F. Thwing, D. D., president of the university.

— T H E —  
CLEVELAND MEDICAL GAZETTE.

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VOL. VI.

MARCH, 1891.

No. 5.

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ORIGINAL ARTICLES.

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ON BRAND'S METHOD OF TREATING TYPHOID FEVER  
WITH COLD WATER.

BY CHRISTIAN SIHLER, M. D., PH. D., CLEVELAND, O.

"I have no doubt that very many persons have died in the United States of typhoid fever whose lives would have been saved by Brand's method if the American medical profession had arisen above the opposition of the laity, and above its own prejudices."—*H. C. Wood.*

These are terrible words, if true; and if they are not true, American physicians should show that they are false. To influence some to give the Brand method an impartial, thorough, systematic trial, extending over a series of years, is the object of this communication.

For a year I have been trying the method. But why have I not done so sooner? I and perhaps others have not done so because they were waiting for those sitting on Moses' stool to do so first, and because we ordinary practitioners, especially as long as one counts himself with the younger members, assume as a matter of course that those men who take upon themselves the responsibility of instructing others and keeping them informed about valuable additions to our art and science, are better equipped to test and

weigh the value of any new method. Here I am convinced I made a great mistake. So when the statistics of the results of Brand's method passed under my eyes, I made up my mind to go ahead myself, and not to wait for another edition of "Pepper's System" to prop me up. I had a large bath tub made of galvanized iron, and set it aside waiting for a case to use it.

Using the method it became clear to my mind why it was folly to wait for authors and professors. It is customary to have new methods tried in hospitals first, and when found successful here the general practitioner is willing to use them in private practice. If we American physicians intend to wait for good results in American hospitals, we can wait until doomsday and not see any; and this for two reasons. In the first place, the cases come under treatment far too late for the method to have a fair chance. Brand himself points out here an analogy to the antiseptic method in surgery; only when the surgeon has control of the wound from its beginning, and even before it is produced, can he expect the beneficial results of the method and not when the wound has been exposed for from five to ten days to all sorts of influences; so also we cannot expect the preservative and stimulating qualities of the cold water to do good after there is nothing left to preserve and stimulate. In the second place, I have my doubts whether in any hospital, where the attending physician has not the full control of the nurses, the right to employ and discharge them, he can expect the cold water treatment to be carried out accurately, so as to show its full beneficial effect.

As I intimated, those in authority and power have in my opinion not done their duty in this matter. To prove this and to illustrate my meaning let me ask the reader to turn in the article on typhoid fever in "Pepper's System," to the paragraph treating on the use of cold water in this affection. The author of the article introduces the cold water treatment with the words: "The reduction of the temperature is therefore an indication the importance of which cannot well be overestimated." And further on we read: "There is no reason for believing that they (the different ways in which water is employed) have the power to modify the condition upon which



the production of heat depends, but under their use depressing and dangerous symptoms such as coma, stupor, subsultus tendinum and the like, are often much relieved," and further on: "I am indisposed to have recourse to it except in cases of hyperpyrexia of such intensity that death seems imminent, etc., or in cases where other antipyretic remedies have failed."

Who, let me ask, not to speak about the lack of details how to carry out the method, would feel inclined after such a presentation of the subject to have any insight into or faith in the water treatment? I think I stay within the province of truth if I say that the drift of the whole passage in the book is to inform the reader that water is useful in high temperatures. Further, Liebermeister and his method is used as a sort of guide, and not Brand.

But Brand says: "I am sorry to say that I have to part company with Liebermeister, Hagenbach, Ziemssen and others, men towards whom I have the deepest feeling of gratitude and the highest respect. All of these men do not carry out the water treatment systematically, as is generally taken for granted; they use a treatment into which both the antipyretics and water enter, and they have for their way of treatment different indications from those of the systematic water treatment."

And when we turn to Brand's work, we find that even in 1861 Brand mentions in the first line not the antipyretic effect but its stimulating effect, meaning by that, that the water counteracts the harmful effect of the poison on the nervous system and other organs, of which the elevation of temperature is only one of the signs, and advises therefore the employment of water even in cases with no extraordinarily high temperatures, and is of the opinion that, if employed from the beginning, the pathological changes in the intestines and otherwise will never be as far advanced and deep as when the disease is allowed to run its natural course.

We see readily that these two views are very different and must lead to different lines of treatment, although in practice a good many cases may coincide.

What I complain of then is that such a presumptive book as the

American system has failed to give a correct account of the theory, methods and results of the true hydropathic treatment of typhoid fever, and no one possibly would or could have used it on account of the treatment it has received in that book.

I will now ask the reader to look at some statistics, such as have induced me to try the method. Table I. is adduced by Brand as showing results where the method is carried out systematically:

TABLE I.

Zuergensen.....	Cases	217	Deaths	1
Vogl.....	"	221	"	6
Military Hospital Stralsund.....	"	257	"	1
Military Hospital Stettin.....	"	186	"	3
Brand (Family Practice),.....	"	342	"	1
Total.....		1,223		12

Amongst these deaths there were none who came under treatment before the fifth day, thus not receiving the full benefit of the matter.

TABLE II.

Mortality from typhoid fever:

Of II. Army Corps, German Army..	4.3 per cent.
Of Whole German Army, same period	8.3 " "
Of French Army (1887),.....	32. " "
Of Italian Army (1874-78.).....	28.0-36.8 " "
Of Austrian Army.....	27.4 " "
Of English Army.....	23.8 " "

The difference between the rate of the Second corps and the rest of the army is explained by the fact that in the Second corps hospitals the method has been carried out more thoroughly than elsewhere.

As the objection might be made that the Second corps might be stationed in a locality free from typhoid fever, let us see what the mortality was before the introduction of the hydropathic treatment:

From 1849-1866 the number of cases was .....1970

" " " " " deaths " ..... 519

giving a mortality of 26.3 and ranging from 16 to 47, which figure

is to be compared with 4.3. Thus it can be seen that the type of the disease in that locality had not been a mild one. We have here amongst soldiers a chance to compare the same class of cases, at least in the point of age, sex, general surroundings, and, taking the same locality, to compare different periods of time with reference to the value of the method; and we can see that the mortality in the Second corps is two to eight times less than amongst other soldiers.

Such, then, is the testimony which induced me to give the method a trial. But I hear my friends say: Statistics, I have no confidence in any; anything can be proved or disproved by them, and amongst those that make the objection I see the face of Dr. Sihler. Statistics, like presents, have value or not according to what sort of a person offers them, and in general if I cannot read between the lines I should be slow to build on them. In this case, however, they are brought forward by a man who knows how to weigh the meaning and who insists on the highest character of statistics.

Let me quote from Brand: "A necessary condition to have statistics of worth is that they are made up of cases modified by and connected with conditions, which may influence their course or their final outcome. Thus it would be a mistake to prove the value of a method with cases occurring amongst children, because in this class the course of the disease is apt to be a mild one. Similarly if one should collect ever so many cases out of a single epidemic, inasmuch as there occur grave ones and mild ones, and because in the milder form one can have a large number of cases, without any death, use whatever method you like."

"From statistics which are expected to carry conviction with them so to dispel all doubt we have to ask the following qualities:

1. The number of cases must be large (many hundreds).
2. They must be collected in a large number of years.
3. The different ages, sexes, stations in life, all sorts of conditions and temperaments must be represented.
4. All the possible primary complications must have occurred.
5. All cases must have come under treatment early, and the

treatment must have been carried out according to the rule.

It is not easy to get such cases in great numbers. The reports of hospitals are not to be used, because patients are admitted in a later period of the disease. The most useful material can be furnished by family practice in cities, where the physician's duty is not only to cure the disease, but where the care and development of the body of his patients are the object of the physician's attention. Here he knows every single member of a family, hears of the very beginning of any sickness, is able to observe and treat the case accurately and to keep the patient under observation after recovery."

"Of the highest value are some of the reports from military hospitals. Soldiers generally come under treatment in an early period of the disease and remain under observation for the detection of any sequelæ. The mortality amongst them is a high one, hardly less than that of persons more advanced in years. They are therefore valuable subjects for testing the specific treatment of typhoid fever."

Having all these points in mind, Brand then has selected as unapproachable the series of cases given in Table 1.

Let me call attention to the fact that the 342 cases of Brand's family practice extend over a period of thirty years, and must contain a great variety of cases. Incidentally we are reminded that the method can be carried out in family practice, and that here we may look for the most splendid results.

Recapitulating, Brand says that the mortality of typhoid fever under hydropathic treatment is:

In family practice.....	0.0-1.0 per cent.
In military practice.....	3.0-4.0    "
In general practice.....	3.0-4.0    "
In hospital practice.....	5            "

Now let us ask, What does Brand claim for the method? He says: "Anyone following Brand's method can convince himself of the following facts, which always occur, which are absolutely certain.

1. During the effect of the bath the process is at a standstill.
2. With the beginning 'exacerbation' it begins anew, and if not combated will make further progress.



3. That contemporaneous with the rise of temperature disturbances of various functions set in, the increase of temperature *not* being the cause of the same.

4. The effect of the bath on the height of the 'exacerbation' is less perfect than at its beginning.

5. The exacerbation can be prevented.

6. The neglect of the combating the exacerbation is followed by losses, which it will be difficult or impossible to recover, and it seems that a cumulative effect is produced if they are allowed to be repeated.

7. It is necessary to stimulate and to withdraw heat at the same time."

In 1863 Brand layed down this statement: If a case of typhoid fever is treated according to my method from its beginning it will not take on an abnormal course and will in general never end fatally. Now after twenty-seven years more experience he writes me in a letter: Further (if I shall try the method) you shall find the statement true that no typhoid fever case will die, who has come under treatment before the fifth day.

But what is the method of Brand, by which he attains such results? He formulates the same in the following words: "A bath of 66 degrees F. every three hours as long as the temperature exceeds 102.2 F., combined with cold affusions and the application to the abdomen of cold compresses, which have to be changed frequently.

"By means of such a bath, repeated in regular intervals, the 'exacerbations' may be prevented, the process is kept at rest, and the organs are allowed to carry on their functions."

"This point, however, must be insisted on, that only such a bath which at the same time that it abstracts heat has also a stimulating effect, produces such results, and not any of the numerous modifications, which either only abstract heat or which only stimulate. Neither the one nor the other has the same effect."

"In case the body is obstinate in yielding to the reduction of temperature, the baths are prolonged, and water of lower temperature is employed."

"In case of disturbed functions below 102.2 degrees the stimulating method alone comes into play, the luke-warm half-bath with cold affusions, accompanied by thorough rubbing."

"This method is suitable for all the cases which come under treatment from the beginning, and all the normal cases of a later stage, be they ever so severe, and therefore the great majority of cases. Special conditions, *e. g.*, valvular lesions demand special indications."

"The aim of treatment ought to be the prevention of each exacerbation, whether accompanied by elevation of temperature or not, through the whole course of the disease, day and night, from beginning to end."

As I have remarked, the statistics adduced have been sufficient for me to take up the method. Those that object to statistics as a basis for their therapeutics I would ask the question, on what sort of evidence they are using quinine in intermittent malarial attacks, iron in chlorosis, mercury in syphilis? Do they not do it on the ground of statistics, so large, indeed, that they are not tabulated, or can they give any physiological reason for their remedial effect?

But there are other reasons why I cannot refuse to use the hydro-pathic treatment. Even if we would know nothing of the final outcome of the cases, we might use it, because we can see that the water does them good, *i. e.*, we can see that it has a beneficial effect on the various functions: instead of delirium we have sleep, brown lips and dry tongue disappear, the digestive powers retain some of their vigor, the heart beats slower, more urine is secreted, the skin is moist, no bed-sores appear, the whole patient does not grow helpless. When we see, then, that a remedy works in the right direction we are justified in employing it, even if not every case should be equally benefitted, and not every case should recover. Do we not act on the same principle when we use mercury in syphilis? It is too plain that mercury has a beneficial effect against the manifestations of syphilis, as that we should reject it, though we still see and read about tertiary symptoms, and although even some may not be benefitted even in the earlier stages.

I add now a few cases treated with water, the first two to show that some conditions, which might be looked upon as counter indications, are not so considered by Brand.

I quote from Brand: "1. B. Dr. Juris, 26 aet., was not to be subjected to hydratic treatment on account of 'heart disease.' When intestinal hemorrhage supervened, I was called in consultation. Nothing but hydropathic treatment would meet the case. I, therefore, recommended, in spite of heart disease and hemorrhage, the formula which was carried out with all thoroughness and which, instead of collapse and renewed hemorrhage, as was feared, brought about a good condition of the patient and rapid recovery."

"2. In the cases of the glove-maker W., over 30 years of age and intemperate, the water treatment was to be omitted on account of the weak heart. I found him in a very low condition, with a small, miserable pulse of over 140, unconscious, the lungs filled with mucus. The half-bath with cold affusions brought about such a profound change, that after a few days the visits on my part became unnecessary and the patient made a good recovery."

The third case shows not only the good effect of the remedy but also that hinderances and difficulties in its first employment may be overcome, which seem at first sight almost impossible.

"3. On the estate K. in the neighborhood, there occurred in rapid succession sixty-four cases of typhoid fever in a population numbering 123 persons. It seemed impossible to use the water-treatment in this instance. Dr. Q., however, removed all the difficulties by changing an old chapel into a hospital, placing the men on one side, the women on the other, a curtain was drawn through the middle, sisters (diakonissinen) took charge of the nursing and not a single patient died. One of the cases, the wife of the proprietor of the estate, was treated by myself. The young woman was pregnant, suffered from vomiting and had the whooping cough. In spite of pregnancy, vomiting, whooping cough and typhoid, which combination might have kept back from employing it, the hydratic treatment was carried out systematically, abortion did not take place and the patient recovered."

Before reporting the next case I will add here that Brand says that pregnant women must be treated with water, and that the treatment with antipyretics must be avoided, inasmuch as these are detrimental to the foetus; further, he says, that sweating does not offer any counter indication to the cold bath.

The last has more than scientific interest. "4. To mention," Brand reports, "another obstacle for the cold-water treatment, which perhaps is the most frequent one—poverty—I shall narrate the following episode which is the most touching I have ever experienced. July 14, 1875, I was called to the narrowest street in Stettin, fourth story, to see a sick child, six years of age, evidently suffering from a severe attack of typhoid fever. An old, deaf, crippled grandmother, next a weak but intelligent looking boy of eleven years, and a sister of the same type, twelve years old, were the attendants of the patient, the parents being absent from home, engaged in earning the daily bread. I informed the children of the nature of the malady and requested that the sister should be brought to the children's hospital, inasmuch as the parents, who had to provide for the maintenance of the family, could not undertake the nursing of the child, and the habitation—one room and one dark sleeping apartment for six persons—seemed not very well adapted for a sick room.

The eleven year old boy declared with a firmness which called forth my admiration, that his sister should not under any circumstances be removed to the hospital; he, the little fellow, was desirous that she should be treated with water, and for no other reason than that had they called in me and not some one else. The situation amused me; but I had to call the boy's attention to the difficulties of the nursing, the taking of the temperature, the bathing, etc. "All this makes no difference," was the answer, "only show us what my sister and I have to do, and you shall be satisfied with us." And indeed I was satisfied. Never before was there a child better taken care of, than this child of a laborer, by his eleven and twelve year old brother and sister. Regularly she was bathed, the temperature taken, nourishment given, the record kept, day and night. For



two weeks the little man did not get out of his clothes. Unfortunately at the end of July the sister, who had faithfully assisted in the nursing, was taken sick, with temperature of 41 C. (105.8 F.). He thus had to take care of two patients. And now there occurred what perhaps has not happened before, that when he was taken sick himself, August 8, with an evening temperature of 40 C. (104 F.) he did not go to bed but continued bathing himself and his two sisters every three hours, and only laid down to rest at night between the baths. Happily in his case, the disease took a mild form. August 20 he was free from fever, the other two patients August 25. The little hero's name—it seems not out of place to mention it—is Franz Witte, and he now is a composer in the printing establishment of Redei. The record of the cases, which he kept, I have preserved as a souvenir."

I have inclosed this history in this essay, not only for its intrinsic interest but for practical reasons. I think by relating it to some of our patients (and to ourselves) when the difficulties seem very great, it may help to strengthen—so to speak—their moral backbone, and encourage them to undertake things which rarely will involve difficulties as great as this eleven year old boy had to overcome. On the other hand, there is no doubt that if we had, or once shall have, the public in the condition of mind in which the boy was, we shall have the most of the difficulties of the water-treatment overcome; for where there is a will, there generally is a way.

Just by way of contrast let the reader, if he has time, take down "Pepper's System," and look at some of the objections he will find there enumerated. It strikes me that while the young German boy acted like a man the American system talks like a child.

I shall now add a few lines on my own experience. I premise, that I had a bath-tub made in 1889, six months before I had a patient to use it, and having no one to advise me here, it was a little too large: 6x2x1½ feet. Since then I have had four more made 4½ to 5½ feet long. I think 5½x2 feet by 16 inches (high) will prove a convenient form for the majority of cases. My tubs have been of galvanized iron, are quadrangular, and I suppose Oscar Wilde,

would be able to offer some criticisms. Hoffman & Heman, of Pearl street, made them for me at a cost of about \$6.50. Anybody who wants to try the method should have his tub on hand, and his thermometers, an ordinary thirty-five cent thermometer for the bath, and a fever-thermometer for the patient. Having everything ready will only make a good impression on the patient and his friends; it will not do, besides no time often is to be lost, to send around the family, stricken by such a calamity, to run from one tinsmith to another to get a tub made. Furthermore, expense can thus be saved to the patient.

My first case was a young lady, rather stout, about eighteen years of age. With this case two circumstances are connected which are of interest in this matter. The girl was taken sick suddenly with a chill, and I was looking for an apical pneumonia, in fact, thought I had detected some of the physical signs, when after six to seven days, diarrhoea and tympanitis set in and the case cleared up. This leads me to speak of one of the difficulties in the use of the method. If there are no other cases around, I do not see how we can make a positive diagnosis, in a good many cases in the first days, when according to Brand the treatment ought to begin, to have absolutely good results. I do not see how one can distinguish some of the pneumonias without pain, or some perityphlites not to mention malarial fevers, where those are prevalent. Typhoid is one of those protean diseases which varies a great deal, and typical cases we meet more frequently in the books than in practice. That it is not only lack of skill on my part I can prove by a case which I saw as a student. I was making the rounds with the attending physician in the Charite, when we came across a young man in a typhoid condition and with high fever. The patient was examined carefully, the diagnosis, as the most probable, was typhoid fever, and a cold bath was ordered. Wishing to see the method employed I remained to see it applied. The cold water into which the patient was submerged produced deep respiration, cough, and the expectoration of rusty sputum. "Eine Pleunomie," exclaimed the nurse. Now suppose this had occurred in private practice here. Suppose

the patient had died; suppose the family thought fit to institute a malpractice suit—would it not be a rather unpleasant situation? There would no doubt be found old women of the male sex in the profession, who had no doubt that the cold bath was the cause of death, etc. This patient did quite well and showed no ill effect from the bath.

The second circumstance connected with my case was that the young lady (perhaps partly on account of her delirium) was longing for the repetition of the baths, at least for some days, until the very high temperature had abated, when she disliked them as much as most of the patients do.

And this, then, has to be said here: By far the majority of the patients have a great aversion to the bathing. They fret, perhaps cry, protest, ask to have the maneuver postponed, and take care of the minute-hand of the clock so that they do not get more than their share. If, therefore, I meet a case of typhoid fever I inform the family what I intend doing, if the case should require it. I explain to them it will look like a dangerous and actually will be a somewhat harsh-looking treatment; that the patient himself or herself will not take kindly to it, but will protest; that the shivering in and after the bath, the cold hands and feet will probably, nay certainly, alarm the inexperienced, and if the friends or patient should have decided objection to go through such experience, they had better not try the method but call in another physician. For if a family or physician should not have the necessary confidence in me to submit to this treatment after stating my reasons, I think we had better part company. I can say, however, that I had not half the difficulty in employing and introducing this method that I anticipated, and which my colleagues, to whom I may chance to speak on this subject, bring up as an objection. I feel, let me say here, some pride in my patients for having allowed me to carry out my plan, as they had no precedents here in the city to which I could point them. If I remember correctly Livingstone thanked God that he had had poor parents, and using the hydratic treatment I have thanked God that I had no wealthy patients. Perhaps a man who handles

iron ore and sees limb and life imperilled every day, knowing the hard knocks of this life, will be more apt to willingly go into a bath of 65 to 70 degrees than a young lady who has society on the brain, reads novels, and rests her brain with needle-work. I can add, however, that amongst my patients there were girls ten, twelve, fourteen years of age as well as older ones. And this leads me to another question which I have been asked: How long must the baths be continued? As a matter of fact I generally have had the tub standing at the bedside about a week. The most obstinate case was a girl about fourteen years of age, who required a bath for ten days, seven each day, ten minutes each. Her temperature would be 105 F. before the bath, 103 F. one hour after the bath, 104 F. two hours and 105 three hours after the bath. All my other patients yielded sooner, so that perhaps the forenoon bath could first be omitted, then the baths could be given further apart. I doubt if in the case mentioned the treatment would have been carried out so faithfully had not the family lost a child of typhoid fever some years before under the customary treatment. In quite a number of cases six to seven baths were required for three to four days, then three to four for a few days, two to one for a few days. In other cases the bathing was discontinued earlier; thirty-six baths, I think, quite a number of my patients received.

To say a few words about details. The first baths, if possible, are superintended by myself, if I cannot get one of the persons whom I have trained. I provide them with an ordinary thermometer, and show them how to take the temperature by the rectum. It is necessary to convince ourselves that everything is clearly understood, for be the direction ever so explicit, the attendants do not seem to be able to take in everything at once. They will have too little water in the tub, or have forgotten this or that. But after a day or two I have matters generally run smoothly. The patient is of course in the most adaptable room in the house, the tub alongside of the bed, in such a way that there is room at the head of the tub for a person to support the patient's head. This, however, I find not to be necessary. A board provided with a few nails to keep



it from slipping is placed slanting in the tub and covered with some soft material, allowing thus the head to rest without requiring a person especially to support it. If the patient is able and willing to help himself, he can step into the bath himself; if unable or unwilling, one person takes him under the arms, the other at the ankles, and lifts him in. During the whole time he remains in the bath he is thoroughly rubbed, and when he goes out an old quilt or sheet is placed near the edge of the bed, upon which the patient is dried off quickly, a loose night shirt is placed on him, or woolen blanket around the feet, and a jug with hot water to the feet; a glass of punch, broth, coffee, whatever the patient prefers, is given after or before the bath. When the treatment is thoroughly carried out, folded sheets of linen or cotton cloth, if linen cannot be had, wrung out of very cold water, large enough to cover chest and abdomen well on front and sides, are applied as often as they get warm, fifteen to thirty minutes. These compresses must be covered with some woolen blanket to keep the bed dry and the patient comfortable. Their application after a bath begins when the skin begins to get warm. I have followed Dr. Baruch's directions (to whom I as one of the readers of the record feel under obligations), but it will be seen that the bathing point of Dr. Baruch's is a little higher, 103 degrees, than that of Brand, 102.2. I have sometimes followed the rule to bathe ten minutes when 102 degrees and not 103 degrees, and fifteen minutes when 103 degrees and more. The point is in every case to get the patient to shiver. I have always taken the temperature in the rectum and should advise this method, it being more expeditious and less liable to errors. Several times a day I have the temperature taken, thirty to sixty minutes after the bath, when it will be apt to be the lowest, to get an insight into the effect of the bath. I have the attendants keep a record, so that at one glance I can see what has been going on since my last visit. Generally I give the first bath of a temperature of 85 to 90 F., the second 80 to 85 F., the third 75 to 80 F., the fourth 70 to 75 F., and after that as near 66 as possible. Of course, if no time is to be lost one ought to come down to 66 degrees sooner.

I have until the beginning of 1891 treated twenty-six cases, with one death; this, however, not being a test case. These numbers, of course, are too small for statistical purposes, but I can say that there were bad cases amongst them, nor did I bathe at all in twelve or fifteen milder cases. Nor can I say that I had many cases which came under treatment the first three or four days.

If asked about the value of the treatment as far as my own individual experience went, I should answer: "I can say that I know of no article of the *materia medica* (including the expectative treatment) or combination of such, which has the same effect for good on the patient, and, seeing this happy effect on the symptoms, I should expect the final result on the whole to be better than with the other methods."

We must further not forget that a method may do good in other ways than by saving life. A sleeping patient with moist tongue and lips, with no bedsores, able to take some nourishment, passing a fair and at times a large amount of urine, is something different from a delirious one, with dry tongue, sores on teeth and lips, unable to digest the nourishment which is offered, even if both recover.

I have made up my mind to continue using the method, to use it more thoroughly and extensively. I recall now cases which, if I had the chance over, I should have subjected to the treatment, but which, with the light I then had, I did hardly feel justified to subject to the treatment. I intend to send a circular letter to my patients, requesting them to report at once, when any suspicious symptoms should show themselves, so that I may have a chance to watch the effect in early cases; and I think also of having some blanks printed, which would aid in keeping the record readily and fully.

In conclusion I would say that in my opinion it is necessary for the method to gain an extensive application in this country that we should have a book in the English language, treating of this matter exhaustively, and which we in the lack of proper teachers use as a guide. To those who read German I would mention Brand. Die

Wasser Behandlung der Typhoesen Fieber. Tuebingen, Laupp, sche Buchhandlung, which, however, is out of print. Then there is a French work which Brand recommends:

Tripier and Bouveret, *La Fievre Typhoide Traitee par les Bains Froid.* Paris, Balliere et fils, 1886. This is translated into German: *Die Kaltwasser Behandlung des Typhus.* Leipzig, Arnoldische Buchhandlung, 1889.

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## MEDICAL ETHICS.

A LECTURE DELIVERED AT THE MEDICAL DEPARTMENT OF THE  
WESTERN RESERVE UNIVERSITY.

BY CHARLES F. THWING, PRESIDENT.

"Lydgate's hair never became white. He died when he was only fifty, leaving his wife and children provided for by a heavy insurance on his life. He had gained an excellent practice, alternating, according to the season, between London and a Continental bathing place; having written a treatise on gout, a disease which has a great deal of wealth on its side. His skill was relied upon by many paying patients, but he always regarded himself as a failure: he had not done what he meant to do." Thus George Eliot writes in the last chapter of "*Middlemarch*" of a doctor. It is to aid you a bit, if perchance I am able, in doing what you "mean to do," that I am here to-night: To aid you not in the attainment of technical knowledge or securing discipline in the art of healing; for these purposes you have other and competent instructors, but rather I am here to suggest some ethical or moral relations of which you are a part. These relations you already anticipate. They belong to you quite as much as human beings as they belong to you as physicians. What is called medical ethics is simply ethics applied to the work of the doctor: it is the same and the universal law of right which belongs to the lawyer, mechanic, merchant, every man. This profession of medicine finds its need in disobedience to this law. The minister is concerned with man in relation to obedience to the

law of God; the lawyer is concerned with man in relation to obedience to the law of man; the doctor is concerned with man in relation to the laws of nature, which are none the less laws of God. If man had not broken the laws of God, the minister would not be needed; if man had not broken the laws of man, the bench and bar would be superfluous; if man had not broken the laws of his nature, the physician would be needless, however charming. We call breaking God's law a sin; breaking the statute a crime; willfully breaking the laws of one's being is both a sin and a crime, for one's being has at once divine and social relations. The doctor has for his purpose to mend broken laws. The man is sick because he or some one has broken a law; the doctor is called to repair the ravages.

A profession differs from a trade in that, in the trade, the relation between the seller and the buyer is commercial. In a profession the relation between the giver and receiver is personal; in a trade, money is the aim avowed and represents the method pursued; in the profession, money is neither the aim nor the method, only a condition. You are members of a profession; your purpose is not pecuniary; your purpose is humanitarian, philanthropic. To gain wealth *should* be no motive to the doctor. Having this motive, you cannot be a worthy physician, any more than a minister, with the same motive, can be a worthy minister. If to gain wealth be a motive of the physician, his motives are at once unprofessional and immoral. No such temptations under such conditions can the ordinary physician withstand. The presence of this motive in any degree vitiates the best work of the doctor.

No class of professional gentlemen is more unselfish than the medical. The true doctor never spares himself. Like Paul, he is in watchings and fastings, in weariness and fatigue, in hunger and thirst, in journeyings often, in death oft, in perils in the city, in perils in the wilderness, in perils among false brethren; but all these dangers and hardships he endures. His endurance constitutes his glory. His reward is as much richer than gold as faith is better than cash. " 'Tis not the grapes of Canaan that repay,



but the high faith that failed not by the way." Of the rich doctor one entertains just suspicion, even if he have great professional skill and honorable practice. Wealth not associated with professional skill, points to quackery, or to unworthy practices. The doctor is not to look upon his patient through a legendary mist of gold. He should rather see his patient in the light of truth; he is to see his patient as He who is called the Great Physician, Jesus, would see him—a man needing help, and a help which he himself can offer. I do not mean that the doctor is unworthy his fees, but I do mean to say that the doctor shall not think of his fees more than Agassiz thought of money, and I do also mean that the doctor should think of his fees as Agassiz thought of money—as a necessary means of carrying forward his work. Thus freed from pecuniary motives, the doctor goes to his patient, with clearness of penetration, with calmness of temperament and with healthfulness of his entire nature such as he is able to have and to cultivate. Though he does not believe in the mind cure, he recognizes the fact that seldom is the body diseased but that the mind or the mind's organ in the body is sympathetic—such a unit is man. He also, therefore, recognizes that his own mind is to be clear, vigorous, comprehensive, healthy, healthful. If he does not believe in the faith-cure, he does believe in the value of hope as a curative agent, and also he believes that the faith of the patient in him as a doctor is ever to be fostered; and he also knows that his own faith promotes faithfulness. He knows that a conscience calloused as horn or misguided by false evidence or outraged by disobedience, is often the cause, and, in some cases, the result of physical sickness; his own conscience, therefore, is ever to be kept as sensitive as his eyeball, as correct in its interpretations as reason can make it, and as obedient to the categorical imperative, "Do the right," as God himself. He knows that a diseased motive is often the cause, sometimes the result, of a diseased body; he, therefore, as a physician, knows the duty of having his body controlled by a right motive. He is to have a sympathy which shall be as unlike the sympathy which a veterinary surgeon has for a dog

with a broken leg, as it shall be unlike the sympathy which a mother has with her baby in diphtheria. He is to be neither a piece of steel nor a weeping Niobe. He is to be a gentleman, for he is to be with gentlemen and ladies; he is not to forget, too, he is a gentleman when he is among those who are not gentlemen and ladies, and he is to remember as he enters the sick room, that, though he is a gentleman, he is simply a physician. His will he may suffer to bend to his patient's wish, but his will is never to be broken. Every appetite is to lie bound silent and at the foot of perfect self-control. He is to have patience in willingness to suffer, and patience also in persistence of endeavor. He is to be truthful. He may not be obliged always to tell the truth but he is never to tell an untruth. The occasions when a doctor believes it is necessary to tell an untruth are few, very few. Discrimination can always avoid revelations which may work ill. A man is very sick. The doctor sincerely fears he cannot get well. The sick man asks the doctor: "Do you think, doctor, I shall get well?" What shall be the doctor's reply? He may say, "Sir, I think you will die:" an answer cruel and as needless as it is cruel, and promotive of the very end which the doctor is trying to avoid. Such an answer is inexcusable. To such a question, an answer fair to the patient and just to the one answering should invariably be made. Is not this such a reply? "My dear friend, you are a sick man. You are very sick, but men sicker than you have recovered. You do your best and I will do my best, and we will both work together and leave the result with God, who loves us." Thus a minister of courage and of hope is the doctor to be. He is not to shrink or shirk. As writes one doctor, "In no vocation are hope, assurance, sympathy, in fact, every quality that makes helpful man, more needed than here, for all sorts and conditions of men and women (many most revolting) appeal to us, and only that their need is so great can they be approached with the tenderness that will treat all men as brothers, all women as sisters. The temptation is great to persistently seek the agreeable and evade the disagreeable."

It is, I think, because of the power of temptation to seek the

agreeable and to evade the disagreeable that many doctors are led into the excessive recommendation of opiates and stimulants. Doctors shrink from seeing a man suffer pain, however caused; it is painful to the witness as well as to the sufferer. A few grains of opium in some one of the many forms of preparation and of application give release from pain. So also the recommendation of alcoholic liquors may form a bridge which feeble feet may walk easily for a time and be released from the necessity of climbing the steep precipices from sickness to health. But the physician should not be influenced unduly by the desire to stop pain. It is easy to stop pain. The guillotine does it. The graveyard has no sufferers. The purpose of the doctor, I wish to say, is not to stop pain, but it is to promote health, and in such promotion in curing the special sickness, he is to have exceeding care that his curing of this sickness should not entail results which are more disastrous than this sickness itself. Each one of you can recall instances in which, either through ignorance or carelessness or misjudgment, the doctor has brought a withering blight upon human life by the use of alcoholic or other stimulants.

Therefore, in relation to his patient, let me say comprehensively, do not carry a long face into the sick-room; do not be funereal; do not carry a broad face into the sick-room; do not be flippant; do not gossip; do not tattle; do not talk about yourself; do not talk about other patients; do not pretend to know everything; do not be ignorant of anything which, by studying, you can learn; do not make your patient sicker by staying too long; do not make him think he is not getting his money's worth by staying so short; do not fall in love with your women patients— it is bad manners and there is small danger; do not let them fall in love with you— of this there is less danger; do not come to the bedside with your clothing reeking with tobacco or with cologne; do not try any more experiments than is needful; do not fuss; do not complain; be a man.

But the patient owes certain duties to the doctor, as well as the doctor to the patient. This duty is defined by the word, trust. Let

the sick man put entire confidence in his doctor ; let him choose a doctor who is worthy of being a trustee ; let him choose such a doctor before he becomes a patient. Choosing a doctor is the next most serious thing to choosing a wife ; therefore, you should take time. Of course, also, as you choose the best woman you know to be your wife, you also will choose the best physician you know to be your doctor. Bear yourself toward your doctor in a manner of absolute trust ; let him know you ; tell him of your family, your ancestry, your history, constitution and habits ; trust him with the secrets of your life. Many patients with their doctors, as clients with their lawyers or parishioners with their pastors, are not frank enough. When thus in health you have selected your doctor, feel it your duty, as it is your right, to call him to your service. Do not let a sneeze be a signal for bringing him to your chamber at midnight, but remember that of the sickness which is the most serious, the first symptoms are slight. When he is called, let your trust in him be complete ; do not think that he will treat you too long, or call oftener than he needs ; think that his interest is yours, your interest his. Do not dispute his bill ; pay it. Pray for him ; love him.

Every doctor bears a relation to every other doctor. They are members of the same profession. What is this professional relation? What should be this professional relation? Important questions are these, and so important that I shall not venture to give an answer ; but I shall venture to ask you to hear an answer made by one of the professors in this school. He says : "Physicians' quarrels are proverbial, and have done much, perhaps most, to bring the profession under unfavorable criticism. The wherefore of this is partly in the nature of their calling and is based upon the fact that you cannot create a demand for physicians. The supply is often ample when new candidates appear on the field for patronage. Another potent reason may be formed in the bitter feeling engendered in the heart of the physician, when old patients, who have been his warmest friends, and to whom he is strongly attached, are drawn away from him by the supposed greater merits of another physician.



I mention these facts without designing to excuse this unfortunate, yet true, state of affairs. Young physicians, lately established in practice, often call upon me as a former instructor. I find, as a rule, they speak of the other physicians in their village, as 'my opponent' and not as 'my friend and colleague.' This will explain to you the whole matter. Physicians are tempted to underestimate other physicians and overestimate themselves in the eyes of the people. Beyond other callings this is true." Now this is sad and saddening. It may be professionalism of a certain sort, but it is not high and noble gentlemanness. It is the duty of the doctor to be broad-minded, recognizing the professional merits of his brother physicians at their full value, giving to them that same quiet hiding of demerits which he desires to receive from them. Envy and jealousy are the temptations of the lawyer and of the minister no less than of the doctor; but to this temptation the members of your profession are to be unyielding. My own father, after hearing a young minister criticized by another minister in an adverse spirit, said to me, about to become a minister: "Charles, if you cannot say anything good about a brother minister, don't say anything." I may be suffered to adopt these words, and to say to you, "If you cannot say anything good about a brother physician, do not say anything." Let your silence be condemnation sufficient. It is always to be remembered that the lasso of depreciation, flung by the hand of jealousy, to bring a rival low, often returns to ensnare him who flings it. Appreciation of a brother is eulogistic to him who appreciates. You treat the children of your professional brother without a charge of money. Trust him without charging inability, incompetency. Every physician who is doing worthy work in worthy ways can well afford to be generous toward every other physician; be free from pettiness; enter not into the associations of the profession in the spirit of rivalry; be generous not in narrowness but in large wholesomeness; let the doctor bear himself as Christian, human, humane.

It is probable that the doctor is more a doctor than the lawyer is a lawyer, or the minister a minister. He is more professional.

His profession is the most absorbing profession; his work is never done; he is busy when men rest; works when other men sleep. But he recognizes that even his profession does not free him from certain public duties. Doctors should take an active part in all affairs relating to the health of the people; they should recognize their duty as public guardians of important public interests. The modern city is a collection of disease-germs. The modern physician should be as eager to prevent as he is to cure disease. In the present social agitation, too, he may play a most important and unusual part. Every great city has what is called its dangerous class. It is composed of those whose hand is against law and order and against the property of its citizens. If not anarchists, their tendencies are anarchial. The ordinary minister cannot reach them; they look upon the church as the ally of capital; ordinary philanthropic movements awaken their pity. But for the worthy doctor they have the heartiest welcome; he can go among them not only with safety to himself, but with benediction and healing to them; he can, through the skill of his services, assure them of the worthiness of science and of the merits of his art; he can also by the strength of his bearing assure them that law and order are the safeguards of society; he can by the gentleness and helpfulness of his ministry strengthen their assurances that not hatred, but love, is the proper conservative force of human society.

Toward the public, also, the doctor owes a special duty in doing what he can to restrain any innate tendencies to the acceptance of quackery. The quack is the man who knows little, but pretends to know much; who plays on public or individual ignorance, who is insincere. But of the quack many are fond. I hardly know the reason for such fondness, unless it be the reason lying in what is called the fascination of a precipice; it is like seeing how far one can go near a cliff without losing one's self. It is for the true physician to assure the people that there is no royal road from the miasmatic valley of illness to the ruddy heights of health. This road is not paved with broken bottles of "Warner's Safe Kidney and Liver Cure." The fences along the way are not built of empty boxes of "Beecham's

Pills." The sides of the road are not planted with potatoes to be carried in the trowsers pocket to keep off rheumatism, or with olive-trees for making oil for anointing the sick. Every doctor to whom I speak should hold it an honor to do what he may to put down all quackery. Of course, in himself, he will have no such temptation; he will never seem to know what he does not know; he will not drive through Ohio mud to give the impression that his business is great, and that like the king's business, it requires haste; he will not like Gil Blas make his impression as a doctor more from the completeness of his chest of instruments or of medicine than from the thoroughness of his diagnosis. No one of you, I am sure, will be like the physician who, when asked what his "heart regulator" was made of, answered, "Of all the bottles on the top shelf of the store," and to the question, "What is your liver cure made of," answered, "Of all the bottles on the next shelf." Be assured the public estimates you in the course of your long practice at your true value. You need have no fears but that justice will be done you: the people sometimes judge unjustly, but such injustice is temporary and local. They will call you by names which will indicate their judgments. Some of you they will call the "Sphinx;" they will study your face while in one hand you hold your watch and the other the wrist of your patient, but no mounting flush in your cheek, no quivering of an eye-lash will indicate your judgment. No skillful questionings which they can make can draw from you the suggestions of your thoughts. Some of you the people will call the "ogre doctor;" every patient has come to his last sickness; every case of the measles will probably result in consumption; your face is as long as the bedstead, and the shake of the head is as ominous as a tale of a cyclone. Some of you they will call the "fuss-budget" doctor, who investigates all house-keeping arrangements, giving minute details for toasting a piece of bread and preparing a mustard plaster, or ordering undershirts for the patient; this doctor has a dog's scent for smells, and a czar's method in ordering the daily routine of the household. Some of you they will call the "pussy-ca:" doctor, who is comfortable, and makes every one else feel com-

fortable; who carries a bag of candy in his overcoat pocket to give delight to the children and not to increase his practice; no sick man grows worse, but is as well as can be expected. If death does come, "well, death has to come to every man some time, and this is the fullness of time." Yes, my friends, the people will classify you, giving you some name, which if it attempts to be witty, is none the less wise and true.

I have so far spoken of the doctor in relation to his patient, in relation to other doctors, and in relation to the people. I now beg your indulgence as I speak to the doctor in relation to himself.

To himself the doctor owes certain rights. He owes the right of continuance of the intellectual culture begun in the schools. This right gets peculiar value from the suggestive fact that only five out of every group of one hundred doctors in the country are college graduates. The bachelor's degree has no magic power. Some men secure that intellectual training, which is the worthiest achievement of a college without a college. But it is at least true that this degree represents the companionship of the best men, and the reading of the best books, and leisure for high intellectual pursuits. The doctor who has not had this advantage should possess every means for making good this loss. No one knows his professional work unless he knows much more than his professional work. Every young doctor not college bred, and indeed one college bred, would do well to pursue a rigorous and vigorous course of intellectual study, outside of his professional work. What could be more advantageous than a thorough study of the best books in psychology? But above all, the physician is to keep all his faculties alert to see, strong to comprehend, exact to judge. His need is as great as that of the criminal lawyer, the need of the power of questioning his patient; he is to discover the whole truth or at least the essential truth. Every case presented to him demands the mental grasping together of a multitude of minute details into one idea. Every case demands careful comparison, accurate weighing of evidence. Every case demands at an early stage application of a certain method of treatment. When I was a junior in college, Professor Child



assigned to the class as a subject for writing, "The Uncertainty of Medicine." No one knows better than a doctor how uncertain is medicine; how uncertain is the wisest diagnosis; how uncertain is the effect of remedies. I know of a doctor who once boldly remarked, "No one of us knows what we shall find when we cut into a person," but so sharp should be the inner eye and so true the outer, that medicine should cease to be uncertain. This culture of the doctor insures to him a high standard of intellectual attainment. Let no new and worthy idea be whispered, but that his ear should hear and his brain should profit by it. Growth depends largely upon entering into the new intellectual life of the age. Subscribe for the medical journals; write for them; read the newest and best books. The purse is small, but buy the new book even if you must ride in the rickety rig, or wear the old coat. By and by work will be exhausting to intellectual vigor, but fail not to be a student. Be a student, young doctor, until you are fifty, and culture, growth, prosperity are assured. I may be also suffered to add, come back to this school and take some special or post-graduate course which these able and distinguished professors will be happy to offer.

To his emotional nature quite as much as his intellectual, the doctor owes certain rights. His appetite, desires and affections are to be held in fitting adjustment. These springs of action are to send forth large and pure streams of noble conduct. The doctor is more tempted in his feelings than any other professional gentleman. These emotional cords which make up so much of life's music easily get out of tune. The doctor sees the weak side of the people; he is tempted to lower his own standard of strength. The doctor sees the result of sin even more clearly than the minister. He is therefore, at times, tempted to yield to moral baseness because of association; as he is also to be strengthened, seeing the result of sin, against personal degradation. The doctor sees much of human brutality, he therefore is allured either to over-sensitiveness or to undue hardness of heart. The doctor is tempted to make his point of vision for beholding humanity, sickness. As a specialist sees the patient from the point of his specialty, so the doctor is prone to

see all men in the pale light of sickness. The temptation is inevitable, but the temptation is to be overcome. Nature designs every human being to be well. Nature struggles to make and to keep every being well. Nature uses her wonderful power of adjustment to maintain health. Nature even takes care that men with one lung, and men with bullets in their backs, and men with indentations in their skulls, shall live and work, so great are her recuperative powers. Therefore, keep your body, your constitution, healthy, in order that you may be healthful. Let the doctor, as he becomes familiar with the scenes of suffering, beware, lest he grow hard-hearted. He is to grow in strength and robustness of heart. I know very well that the first sight of blood made you faint. I know doctors in this city, distinguished, who when students became unconscious in the presence of the first operation they beheld. All such feebleness must pass away; the doctor must be strong, virile. He must be strong, not in indifference or hardness, but in the mustering of his desire and power to give help and health. As the years come in which every day will be filled with the associations of suffering, it will be a happy fortune if your will and power to give relief becomes the stronger and more sufficient, without your heart hardening into iron. A happier fortune it will be if your sense of power to give relief becomes so mighty, and so satisfying to yourself that even the agonies themselves become less poignant. Such a process, I think, was in the life of the Blessed Healer, Jesus Christ. The agonies and the woes; the weakness and the sickness; the bruises and the afflictions of fallen humanity He felt and felt keenly; but He also felt and more keenly his power to bless. So deeply felt may be this power of blessing that the agonies and the woes, the weakness and the sickness, the bruises and the afflictions shall cease to be dull throbs of grief, and become mighty inspirations to healing.

The doctor owes to himself a yet further right—the culture of his religious nature. Is the doctor tempted above other men to neglect this culture? Doctors, themselves, differ. One says, “the study and practice of medicine are toward a materialistic conception

of man." Another says, elaborating the same idea, "the tendency is to believe that there is nothing in the human body that cannot be found with the scalpel or the microscope." Other doctors give a wholly different answer. One says, "the study of the human frame with its marvelous adjustments points to a personal God." Another says, "the contrast between the man dead and the man alive is so mighty that I infer that man is something more than dust." Another says, "In my opinion, it is untrue—as it is sometimes charged—that a large proportion of physicians are atheists. There is nothing in the study or practice of medicine which should have any such a tendency." Thus, it is evident that upon doctors the study of the human body acts with that diversity of effect that valerium has. The power of effect depends not simply upon the cause, but on the material in which the cause works. For myself, I believe that the undevout doctor like undevout athonomer is mad. As said a great French physician, who had been an atheist, examining the human eye before his students, "Yes, gentlemen, there must be a God, but I hate him." Whether we hate him or love him, there is a God. It is the duty of the doctor to cultivate that part of his nature which bears relation to this God. This part is of course intellectual, emotional, ethical. In this culture, he is inclined to think he has not the advantages of other men. He believes himself to be cut off from attendance at church. I suppose that most doctors feel that they are absolutely debarred from what we call the privileges of worship in the church, on the Sabbath. I shall therefore beg leave to read you the testimony of one physician—a distinguished member of this faculty,—"It is true, physicians must ever be more or less irregular in church attendance, but much can be done to avoid this if it be so desired. My own experience has shown this clearly. I have been practicing medicine twenty-four years, and for the past fifteen years, have certainly been as busy as the average physician. And yet, in consequence of early habits inculcated, and a full appreciation of the value of church attendance, I found it possible to be as regular an attendant on the services, as most men of the congregation. It is true, this has been accomplished by persistently

determining to give myself this benefit, by arranging my Sunday work in accordance, and sometimes at a pecuniary loss." So also it may be said that at times it becomes the duty of the doctor to exercise the functions of a clergyman. The same professor, from whom I have quoted, says,—“It is no part of a physician’s duty to thrust his religious belief upon the notice of his patient. This is not only bad policy, but worse taste. It is the duty of a physician to respect the religious belief of his patient, and I have considered it my duty at various times to baptize the children of Catholic mothers before sacrificing them or taking the risk of doing so. This all I have done with no appreciation whatever of the ceremony at such a time, but simply because the belief of the mother required it, and, it gave her comfort of mind and injured no one.” Thus, for the sake of those whom he serves, and also for his own sake, the doctor is to keep his better nature open toward his God.

In a word, the doctor owes to himself the duty of being the largest, truest, best, purest, noblest man. He owes to himself the duty of pursuing the highest ideals in a way most righteous; in seeking noblest results by the wisest methods; in attaining the best character by the securest agencies; in winning the finest skill for use in meeting human needs. He owes to himself, as he owes to humanity, of which he is a brother, and also to his God, of whom he is a son, to secure the richest and best that can be gained. To his own self he is to be true, and thus it follows as the day the night, he cannot be false to any man, much less to his God. When the doctor at last comes to that end toward which every human being hastens, and from reaching which no power, however powerful, no skill however skillful can lastingly restrain, it will be a satisfaction to him, richer than gold to the merchant or fame to the author, that the misery and sorrowing, which go up from this suffering globe as it rolls along, are a little less terrible than when he wrote his first prescription. It will be the deepest peace to his soul, that for darkness he has shed light, for weakness given strength, and for sickness brought health.

Gentlemen of the Western Reserve Medical School, I congratulate you upon your future. In it I bid you God-speed.



# CORRESPONDENCE.

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## LETTER FROM CHINA.

SWATOW, CHINA, January 30, 1891.

A year's medical work in China has brought to me a variety of cases which I should not have been called upon to treat in America. There are no specialists here and the foreign doctor is supposed to be able to treat any difficulty, whether it be medical or surgical. And although I did not come here as a surgeon, but simply as a woman physician for Chinese women and children, I find I must be a surgeon whether I will or not. During the year 1890 I have treated 4,015 patients. These, however, are not all individual cases, some patients being treated a number of times in succession. Dispensary days have been largely given to diseases of the eye, chronic abscesses, skin diseases of all kinds, and malarial fevers. Granular ophthalmia and its sequelæ are rife among the people of this province, and the ophthalmia of infants most distressingly prevalent. On every hand one meets blind children whose sight might have been spared to them by a timely application of a solution of alum or acetate of zinc. The Chinese doctors are ignorant of the most common and simple remedies for eye diseases.

Chronic entropion, trichiasis and distichiasis are also common ailments, and the people readily submit to an operation for these difficulties, even though the operator be inexperienced. I find the time I spent at the Illinois Eye Infirmary a very valuable preparation for my practice here. I find Von Arlt's operation for entropion quite satisfactory, provided a sufficient amount of skin be removed at the canthi.

Electrolysis has proved quite effectual in the milder and partial forms of trichiasis, a couple of one and one-half pints Bunsen's cells and two ordinary sewing needles being the only outfit required. Both needles are introduced into the diseased follicle, the positive (carbon) being held stationary and the negative (zinc) manipulated

for loosening the lashes. The Chinese "raise" abscesses of monstrous size. I frequently draw two quarts of pus from one of these deeply-seated abscesses.

The past year has been one remarkable for the numerous cases of severe remittent fever. Southern China, as a rule, is much more free from this disease than either Northern China or India.

Leprosy, a disease which Aretæus says is as much greater than all other diseases as the elephant is larger than all other animals, is quite common here and seems to be on the increase. The majority of the cases met with are the elephantiasis tuberosa variety affecting the integument and mucous membranes. In the advanced stage of the disease these lepers are most piteous objects to behold. In the early stage of the disease, arsenic seems to exert a somewhat controlling influence, but my experience has not yet been extended enough to speak with positiveness on this subject.

The number who apply for remedies to aid them in the cure of the opium habit is large, and I have been surprised at the determination evinced, and the ability shown to rise above this dreadful habit. Iron, quinine, strychnina and phosphorus are the most efficient remedies. Just now I am testing Parke Davis' "Phosphorus, Iron and Strychnine" pills, but as this is not an advertisement I will not say on which side the scales are turning.

The foreign doctor is not often called upon to attend obstetrical cases among the Chinese. I have had only two cases during the year, one of placenta prævia, the other of contracted pelvis where the forceps had to be used. Foreign doctors are only called in extreme cases, the midwives attending all ordinary cases. Their manner of treating the women in confinement is most diabolically cruel and nonsensical.

ANNA K. SCOTT.

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## LETTER FROM BERLIN.

### KOCH'S LYMPH.

What the Koch remedy will do for tuberculosis is still a question for the future ; what it has not done is the fulfillment of the hopes

aroused by its promulgation. The claims for its value are diminishing in number and strength daily, and by some clinicians its use is discontinued altogether for the present, or only administered in carefully selected cases. It is almost the one topic of discussion in the medical societies here, and all phases of results are presented. Abundant opportunity to learn the workings of the substance is furnished in the numerous autopsies held. To the present, there have been forty-three post-mortems on injected cases in the Charité; of these, twenty presented miliary tuberculosis. These cases had received from one to thirty injections, and the total quantities of the original lymph from one to five hundred and seventy-one milligrams. Many of the cases exhibit a peculiar form of severe "caseous hepatization" (Virchow). It must be admitted that a large per cent. of the cases where death has resulted have been advanced stages of phthisis, against the use of the remedy on whom Koch gave warning. Still several were incipient cases, one pharyngeal phthisis, one a coxitis, where the head of the right femur had been exsected and the injections subsequent—this case presented miliary tubercles in brain membranes, lungs, liver, kidneys, spleen and peritoneum—and one a case of spina ventosa with fresh tubercles in axillary glands. Many of the old intestinal tubercular ulcers in several instances were healed clean and perfectly.

It is peculiar in these cases that while old deposits of tubercle showed the specific action of the lymph, the miliary form presented no indication of destructive processes. This must indicate that the latter are fresh in the last days of life.

The question if lupus is cured is answered negatively for the present by Schimmelbusch, assistant in von Bergman's clinic, in a recent paper. He examined sections taken from a number of patients being treated for lupus. The tissues were removed in all stages of treatment. Tubercle was almost invariably present. Five cases detailed had been treated from 34 to 64 days, had received from 13 to 21 injections, and total amount of the original lymph from 235 to 995 milligrams, and were clinically treated both in the superficial and deep skin structures.

The experiments by several clinicians to test the value of the remedy as a diagnostic agent, seem to show it will hardly do all hoped for it in that direction. Injections were made on patients suffering from a great variety of diseases, also on sound individuals. The characteristic reaction resulted so often that for differential purposes the substance will be of little value.

There have been several cases of phthisis reported as healed, no more, when one considers the total number of patients treated, than result from older methods. There have been incipient stage cases and the time occupied in reaching a cure from four to twelve weeks. The evidences of healing are gain in weight, increase in appetite, decrease or absence of cough, absence of bacilli in sputum and no reaction following injections.

At the last meeting of the Medicinische Gesellschaft, Professor Henoch gave the results of his use of the remedy with children. Not one case had been healed, not one could be said to be truly bettered, some had apparently improved at first, but later had grown worse and the remedy had to be discontinued. With a few cases a true hectic followed its use. In one case, a doubtful slight apical infiltration, where the remedy was administered for experimental ends, there resulted a large area of infiltration, a large amount of expectoration, and, at present, symptoms of cavern building. "With such results and because in children tubercle is so widely distributed in the lymphatics, I do not feel justified in continuing the use of the remedy, except with reserve, and may abandon it altogether."

Of the five cases of cavern stage phthisis operated by Professor Lonnenberg to give drainage, one is reported healed, three as improving, and the other is dead.

BERLIN, February 6, 1891.

J. C. GRAHAM, M. D.



# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### ANNUAL MEETING OF THE ALUMNI ASSOCIATION OF THE MEDICAL DEPARTMENT OF THE WESTERN RESERVE UNIVERSITY.

The annual meeting of this association was held in the clinical amphitheatre of this college on the afternoon of March 5th, Dr. John McCurdy, of Youngstown, presiding.

After the reading of the minutes by the recording secretary, Dr. John P. Sawyer, the president delivered the annual address.

The chair appointed as committee on elections Drs. Sherman of Kent, J. E. Cook and John H. Lowman of Cleveland. The roll call of classes by the corresponding secretary, Dr. S. W. Kelley, elicited the fact that there were representatives present of the classes of '46, '47, '48, '49, '50, '51, '53, '55, '58, '62, '67, '68, '69,

'70, '72, '73, '75, '76, '78, '79, '80, '81, '82, '83, '84, '85, '86, '87, '88, '90, and of course the class of '91, who were elected to membership.

The notices of the meeting sent out to the members announced that "the association having sustained during the past year the loss of a distinguished member and prominent teacher in this institution, in the death of Professor Proctor Thayer, it is desired to make this meeting commemorative of his life and services." Consequently when remarks were called for, beginning with the oldest member present, General J. J. Elwell said: "I may not be able to add much to what has been so well said by others, but I should fail to discharge a duty to an old friend and an eminent man in his profession, did I not bear testimony to Dr. Thayer's tireless industry, love of his profession, integrity of character, success as a teacher, tenacity of purpose and ability as an expert witness. I knew Proctor Thayer from the ground up. When I first met him thirty-five years ago, he had just graduated and entered upon the practice of his profession. Without much practice, he devoted all his time to study. He lost no daylight, and when night came he stuck a candle in the eye of a skull and kept right on until midnight. Without genius, he was essentially a book man. He stored his mind with facts, absorbed all elementary matter connected with his profession, giving special attention to anatomy and physiology--especially to anatomy. He studied with the subject before him. If he ran out of material, he went the next night and found what he wanted. He always knew where to go or send. Dr. Thayer probably dissected more bodies than any man living or dead in this state. Of his habits of study for the last few years, I am unable to speak. I am inclined to think, however, that they were greatly relaxed. But in his earlier career, I never knew his equal as a student. Hard work alone laid the foundation for his subsequent success and eminence. Nothing came to him intuitively. In the absence of special endowments of mind, his success in his profession and in life depended upon two predominant elements of character, to-wit: *tenacity of purpose* and strict integrity, joined to a sunny and glorious nature.

When he struck a trail he never left it—was never discouraged, never surrendered. His attachment for Dr. Delamater was remarkable and never wavered. His love for that grand old man was like that of David and Jonathan—it surpassed that of woman. Through the efforts of Dr. Thayer mainly a house and lot were bought for and given to Dr. Delamater, on Euclid avenue. His staying properties were great. I doubt if he changed his office for thirty years. When Dr. Weber came to this city he and Dr. Thayer went into company. Both were masters of their profession, and ambitious as they were and ought to be, a feat was undertaken by them which I believe has never yet proved successful. They tried to ride the same horse, yet neither one proposed to ride behind. The result was that both started off afoot, each on his own hook. As we all know it was a battle of giants; each found in the other a foeman worthy of his steel. Both of these eminent surgeons being my friends, I never ceased to labor to bring about a reconciliation and the establishment of our college. I am glad to here bear testimony that throughout this long, unfortunate contest, full credit was given by each to the other for ability and honor. A happy truce has resulted in the consolidation of a successful school of medicine, and this magnificent building in which we are assembled.

“Something has been said of Dr. Thayer as a lecturer. He was a successful teacher for his heart was in the work. His practice had to give way to the college work. I once tried to stop him on his way to his lecture, to see a sick man whom he had visited the night before, and who was very sick. He said: ‘No, my class is waiting for me—I am late.’ On he went. He interested his class because he was perfectly familiar with his subject and spoke without notes. He never wrote anything. He probably never wrote an article for publication of any kind. If so I never saw it. He was full of his subject and tried to make his class see it as he did. A teacher should never read an essay to a class—it will kill them. He must himself have a clear idea of what he wants the pupil to get a knowledge of—then look him in the eye and earnestly express what he has to say. Such was the teaching of Dr. Thayer. So as a witness.

He had a great reputation as a witness simply because he understood fully the subject upon which he attempted to give evidence. Knowing what he was talking about, he had self-reliance as every man has thus equipped. He was smart enough never to testify on any subject connected with medicine, except his specialties, insanity and surgery, where he was at home. I differ with him on some of his vagaries of morbid and emotional insanity; but as an expert witness on the general subject he had no superior. The trouble with medical men is that they attempt, because they are medical men, to go upon the witness stand and testify on all medical subjects. No man can be master or expert in the entire profession in all its departments. It is too big. If a master in his profession, he must be a specialist—like Dr. Thayer. He should be an expert in his speciality and on no one else. Then he will have no trouble on the witness stand. Young man, never go upon the witness stand as an expert, simply because you are a graduate of medicine. Thayer would have failed as other doctors do had he attempted to expound and explain that to which he had not given special study. No lawyer can embarrass you if you understand what you are talking about; and never act as a witness only when you are master of the subject. Such was the rule with Dr. Thayer."

Dr. E. D. Burton of Collamer, also of the class of '46, followed in the same vein. Professor John Bennett, '50, and Dr. Sherman, '51, and others added their testimony, and many more, both old and young, wished to speak, having been attached to Dr. Thayer as students or as associates, but were prevented by the shortness of the time.

The corresponding secretary announced that he had received letters so numerous from those who were unable to attend and regretted that they were prevented from thus doing honor to the memory of Prof. Thayer, that he could only beg time to read a representative number. The names alone of these writers of letters of regret would make a lengthy list.

The committee on elections reported the following nominations: President, Dr. Jamin Strong of Cleveland; Vice President, Dr.



W. Fletcher of Geneva; Recording Secretary, Dr. John P. Sawyer; Corresponding Secretary, Dr. Samuel W. Kelley of Cleveland. They were all elected by acclamation. The committee on the Delamater-Ackley monument reported that its funds now amounted to \$115.00, and on motion the hat was passed and \$52.00 more added to the fund. The death of Dr. Thayer having left the office of treasurer of the committee vacant, Dr. E. D. Burton of Collamer was elected to that position. After accepting an invitation from the faculty to a banquet at The Hollenden, the meeting adjourned to meet in one year.

The commencement exercises were held in the evening, beginning at 8 o'clock in the main amphitheatre, whose amplitude of seating capacity was overtaxed, though public notice of the occasion had been avoided on account of the immense thronging which has usually occurred in previous years. The graduates of the class of '91 are: Alleyne M. Baldwin, Charles E. Bailey, John S. Campbell, Jr., L. E. Cochran, E. M. Cowles, V. S., Irving A. Elson, Charles H. Frederick, John V. Gallagher, Henry Burt Herrick, B. S., E. L. Hardman, David S. Lallibridge, A. O. Lucas, Harry C. Long, W. E. LaDow, John Maglott, A. B., A. H. Marvin, Miles McIlrath, Adolph Nusbaum, Henry R. Parker, T. C. Rummel, Otis Chapman Robinson, W. H. Scudder, S. W. Stevens, E. E. Underwood, J. S. Wenner, W. H. Walker and William Alvin White.

The exercises were opened with prayer by Rev. Dr. Bushnell. An excellent orchestra was in attendance. Professor G. C. E. Weber, Dean of the Faculty, presided and introduced the Rev. Dr. Chas. F. Thwing, President of the University, who delivered the annual address. We are sorry that lack of space prevents our reporting this address, which was very thoughtful and appropriate, embodying much wholesome counsel as from an old physician to one just entering upon his career, and delivered with an earnestness which impressed all hearers.

The address to the graduating class was made by the dean, Dr. Weber, in his best vein. Speaker and audience were *en rapport* before the close of the first paragraph.

In substance Dr. Weber said: "I suppose that many of you who live here in Cleveland have stood upon the bluffs overlooking Lake Erie and seen a full rigged ship pass a little sloop, and have noticed how the sails of the little sloop fail to fill as the big ship passes it. So it is with me to-night— Dr. Thwing has taken all the wind out of my sails. However, I wish to speak a few words to the class. When still quite young, I traveled through Germany with my father in a coach. I was going to see the early home of my father, who entertained me with accounts of his youthful studies and pleasures in that city. And I remember passing white mile-stones and wondering how many more there would be before we would reach our destination. And so I expect that you, young men, are to-night wondering how many mile-stones you will have to pass before reaching success. Some of you know when you are going and have already picked out a place where you will hang out your shingle. Others have not yet settled upon a place of residence, and to them, I say, select a healthy place. I have had young physicians tell me that they intended to take up a residence in an unhealthy section of the country in order to have plenty of business. I always attempt to dissuade them from carrying out this intention, for sickness is a two-edged sword—the doctor, too, may be sick. Select a place, young man, where you will be contented to live and die; tack up your shingle and wait. When I started out to practice in the city of New York, I was quite successful, and another physician, with whom I had an acquaintance, complained that I had better luck than he. But the fact was he was never in his office, and further, he had an egregious fault; he talked about his patients, and especially his lady patients. Secrecy is part of the duty of the medical profession, and no law should compel a physician to loosen his tongue in regard to his patients. And then don't think that because you have just come from the fountain of learning you know it all. I hope that you know enough to know that you know precious little. All of you have deficiencies and it will be well for you, in your leisure hours and I hope you will have leisure hours, for I never heard of a physician who jumped into a large practice

all at once who ever amounted to much—to become perfect in these branches. Then take up some little department and make yourself perfectly familiar with it. This course will not only give you satisfaction but it will help your business. Your merits will be recognized in time by the community in which you live, if you work hard and honestly and avoid depreciating the ability of your rivals. The true code of ethics is the code of true politeness, and if a doctor is no gentleman he will remain no gentleman, ethics or no ethics.

“I would also say that your labors will be lightened by Christianity. Doctors are often accused of being atheists and I have been told that lack of religion was one of my few faults.” Here the doctor read an abstract from a speech delivered by Bismarck in which that great statesman professed his belief in a supreme being; and averred that if it were not for his sense of duty toward Him he would long ago have renounced the cares and labors of public life and devoted himself to raising oats. In closing Dr. Weber said: “My belief is much the same as Bismarck’s, and you, young men, would do well to give the matter much thought. And now “In the name of my colleagues I bid you god-speed in your life work. Upon any opportunity which you may have to visit the college again, look in upon us. The faculty will always remember you and will help you should you ever need help. You will see strangers among us, as the years go on, but we will bear you the same feeling in the future as we do to-night. And now may God bless you all and may success crown your efforts.”

After the dean’s address the president conferred the diplomas upon the graduates, with the remark: “Young men, you have received your diplomas. They are an indication of what you have done and a promise of what you will do. I trust that your work will be of such an eminent character that you will never have to refer to them.”

The exercises at the college were closed with the benediction, and about a hundred of the alumni proceeded to the appointed place and partook of a banquet served in the excellent style of the Hollenden.

Prof. H. H. Powell was toastmaster and won the approbation and applause of the assembly by announcing that inasmuch as the afternoon and evening had abounded in making and listening to speeches, and the hour of 11:30 had arrived, he proposed to dispense with the toasts and disperse the company in the hope of a joyful reunion another year.

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## MEDICAL PROGRESS.

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### DETECTION OF BACILLI IN TUBERCULOUS SECRETIONS AND EXCRETIONS.

In cases where the ordinary methods of examination gave negative results, Meyer employed the method of Biedert and describes the result as at times astonishing. The method itself is as follows: A tablespoonful of sputum is diluted with two or three of water, a drop or two of solution of sodium hydrate added, the whole boiled, again diluted to five or six tablespoonfuls and allowed to stand two days in a conical glass. About half an inch from the bottom is the layer in which the bacilli may often be found, when they have escaped detection by other methods. The staining solution used is the carbol-fuchsin solution.

Meyer relates a case in which even by this method the bacilli were not detected for eighteen months when suddenly the case developed as one of phthisis florida.

In cases of peritoneal or pleural exudatas which are often difficult of diagnosis the method may sometimes be advantageously employed. A large quantity, a pint or quart if possible, of the purulent exudate removed by aspiration is repeatedly shaken and allowed to settle till the sediment obtained is a thick stringy pus. This is then treated according to the method given.

In suspected tuberculosis of the genito-urinary tract, when small shreds of tissue are found in the urine, the ordinary methods suffice. Occasionally it is of advantage to allow the urine to stand, with the



addition of a thymol solution, for a day in a conical glass. The sediment contains the bacilli if any are present. Where the discovery of bacilli is of great importance the solution is allowed to fall drop by drop upon a very small filter. The sediment of the whole mixture is thus obtained collected upon a minute, surface and can be spread upon the cover glass with great certainty of finding the bacilli if present at all. The ordinary methods suffice for examination of the pus from ear cavities, and the stools. The discovery of bacilli in the diarrhoeal discharges of tuberculous patients may indicate only that sputum has been swallowed, not that the intestinal surface is involved. -B. Meyer. *Centralblatt für klin Med.*, No. 6, 1891.

CONCERNING THE ACTION OF CERTAIN CANTHARIDIN COMPOUNDS.

Referring to the great interest manifested in Koch's tuberculin, Liebreich devotes considerable attention to an interesting review of the methods relied on in his own investigations. After an allusion to the employment of cantharidin in medicine from Hippocrates to date, he describes the changes observed in the body due to its administration, and concludes that this highly irritating substance, taken internally does not produce an ordinary inflammation but sets up a peculiar process in the capillaries by which serum is transuded. This is then the peculiar effect of cantharidin, to so affect the capillaries that they permit the serum to transude readily. This transudation of serum is of no small importance.

For from experimental evidence we know that serum has an antibacterial influence, and possibly this affords the explanation of any favorable course of symptoms observed after the use of the remedy. Injections were made in several cases and found to exercise a favorable influence; for example, upon laryngeal tuberculosis, producing some local irritation at site of injection, but without interference with renal activity.

Liebreich conjectures that, inasmuch as we now give remedies whose influence exerted directly upon diseased tissue through the blood, is limited greatly by the difficulty with which they leave the blood-vessels, now we may possibly have an agent at hand, which,

promoting the passage of serum or plasma from the capillaries, will bring this class of remedies to bear more effectively upon the affected tissue.

As to the application in practice he emphasizes the fact that renal complications must be especially feared; and indeed, in unsound kidneys the cantharidin must not be employed. The first dose should not exceed one seven-hundredeth grain, and the injections should not be given daily and no oftener than on alternate days.—Oscar Liebreich. *Berl. Klin. Woch. No. 9, 1891.*

In the discussion participated in by those who had tried the remedy at Liebreich's request favorable reports were made. Frankel, who has so diligently advocated Koch's remedy, used the new injection in fifteen cases, especially in those so far advanced that tuberculin could not be used. He reported marked improvement, even restoration of voice after the third injection with accompanying relief in other symptoms.

J. P. S.

## AMONG OUR EXCHANGES.

The idea was advanced by MR. BROADBENT, of London, Eng., in 1866, that *cancer* should be treated by the injection of some substance non-poisonous to the general system, but which should inhibit the proliferation of the cell elements and promote their absorption. He selected acetic acid as most fully fulfilling these indications. The intolerable pain, however, which invariably followed the injection, precluded its use, and with it the idea for the time seemed to be lost sight of. PROF. MOSETIG, of Moorhof,\* however, following out the same idea with the non-poisonous aniline preparations, anilinum trichloratum and methyl violet, seems to be obtaining excellent results, and that in cases where operation is not to be thought of. He selected these dyes because they, unlike many of the aniline colors, are free from arsenic. From three to six grams of a 1 to 300 solution may be injected as often as every other day. In one case

\*Medical Press and Circular.

where he had injected four grams of a one per cent. solution of analin trichlorate, coma, feeble pulse, and stertorous breathing followed, requiring artificial respiration, and the free use of stimulants to restore the patient. This would indicate the propriety of the same caution in the use of these agents that we have learned to use with regard to acetanilid and other compounds of that group. A number of cases are cited of carcinoma, sarcoma, and papilloma, where complete cure seemed to have followed after from ten to thirty-five injections. Common commercial *benzine*, which, partly deodorized and sold as "rose oil" is used for removing grease-spots from gloves and textile fabrics, is advocated as an efficient parasiticide by DR. F. W. LANGDON, of Cincinnati, O.,\* who uses it as an application in *tinea versicolor*, *furunculosis* and other mycotic and parasitic diseases of the skin. Its power of dissolving fats enables it to penetrate the follicles of the skin as no watery solution can. For a threatened boil, at the first appearance of the little, hard painful papule, a pledget of absorbent cotton is saturated with the benzine and pressed firmly but not too forcibly over the swelling for about a half a minute. This application is repeated every hour or two for the first day, and subsequently as the swelling and pain subside, two or three times every day. Care should be taken not to make this application in the vicinity of a fire or light. In the treatment of obstinate *eczemas*, DR. D. R. EMMONS of N. Lewisburg, O.,† finds oil of tar a very efficient remedy. He uses it in the following strength:

**R** Oil Pine Tar..... fd ʒi  
 Vaseline or simple cerate..... ʒi—m.

Glycerine he never uses as a menstruum, finding that it does about as much harm as water. To cleanse the skin he recommends alcohol or whisky. Five grams of common salt in an ounce of chloroform water given *pro re nata*, is vouched for by DR. W. T. GREEN as an efficient remedy in obstinate vomiting of pregnancy.‡

\*Lancet-Clinic, Feb. 7, '91.

‡Weekly Medical Review.

†Lancet-Clinic Dec. 20, '90.

He reports several cases where it has proven successful in his hands. DR. JOHN FERGUSON, regarding *epilepsy* as due to an extremely unstable condition of the nervous molecules,\* insists on the necessity of reducing the proportion of nitrogenous elements in the food, and that thus the instability of the nervous molecules can be lessened. Eggs, lean meat, red fish flesh, cheese, peas, beans and other similar nitrogenized articles of food are strictly prohibited, and he claims to have obtained better results without drugs by thus restricting the diet than he could formerly secure by means of drugs where he allowed the patient to select his own diet. In an article on "Coffee: Its use and abuse,"† DR. I. N. LOVE, of St. Louis, Mo., makes the following prractical suggestion. "The fact that coffee blunts sensation and increases secretion would suggest that we educate the laity in the direction, of at once giving the victims of *accident* a good cup of hot coffee rather than the usual overstiff whiskey toddy, which in many cases, given in excess as it is, places the individual not only in an unfavorable condition physically but also renders him liable to the charge later from those not familiar with the facts of having been injured on account of drunkenness. I recall the case of a young lady horseback riding in the suburbs of St. Louis some years ago, thrown from her horse, leg fractured, taken in by good Samaritans close at hand. On being summoned, I at once responded and recognized the victim as being one of the 'swellest set' of St. Louis's best society. I placed the patient in my carriage and removed her to her home. She was dead drunk. \* \* Those unfamiliar with the fact of her having been filled to the brim with whisky by the good Samaritans who took her in, might have seriously reflected on her character. A good cup of black coffee would have done her better service and risked her character less. So to the public we would say, give to those who have been injured a good cup of coffee is the name of humanity but no whisky. \* \* As a prompt diffusible stimulant either by the stomach or by injection into the rectum it is in all cases of shock preferable to alcohol."

L. B. T.

\*Therapeutic Gazette.

†January Am. Medical Association, Feb. 14, '91.



## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio.

**TEXT BOOK ON HYGIENE.** A comprehensive treatise on the principles and practice of preventive Medicine from an American stand-point. By George H. Robe, M.D. Second edition, thoroughly revised and largely rewritten with many illustrations and valuable tables, F. A. Davis, Philadelphia, 1890.

This work is too well known to need any extended notice at this time. The book commends itself as being a safe one to place in the hands of medical students as a text book, not being too large for this purpose, and yet not so brief as to make reading laborious. We know no reason why such a work should not have a large sale among the laity; the style is simple and technical terms largely eliminated, and we are sure that the work of the physician would be much easier if a more general knowledge of hygienic and sanitary subjects were possessed by the people.

**TWELVE LECTURES ON the structure of the Central Nervous System** by Dr. Ludwig Edinger, translated by Willis Hall Vettman, M. D. Second edition, 133 illustrations. F. A. Davis, Philadelphia, 1890.

These lectures, delivered before an audience of practicing physicians, is of much interest to every one wishing to keep posted as to the latest discoveries as to the minute structure of the brain. This is always a difficult and intricate subject for the student to follow, and we believe that Dr. Vettman has conferred a great favor upon English readers by translating this work.

**THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1891.** Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. \$2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

The ninth yearly issue of this valuable one-volume reference book is at hand, and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors in number and ability surpass that of last year. Its numerous illustrations—many of which are in colors—make the An-

nual more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resume of medical progress yet offered.

Part I. comprises the new remedies together with a review of the therapeutic progress of the year.

Part II. is devoted to special articles on diagnosis, the first on deformities of the head and their diagnostic value in nerve lesions; the second on the character of the sputum as an aid to diagnosis.

Part III., comprising the major portion of the book, is given to the consideration of the New Treatment, and is a retrospect of the year's work, with numerous original articles by eminent authorities.

The Fourth—and last part—is made up of miscellaneous articles, such as recent improvements in sanitation, concerning climatology and hygiene, alcoholic inebriety and the results of asylum treatment, improvements in pharmacy, books of the year, etc.

The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth.

In short, the Annual is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world.

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## NOTES AND COMMENTS.

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*Death of Dr. Frank J. Weed*, Dean of the Medical Department of the Wooster University.—As we go to press the sudden death of Dr. Weed is reported after a few day's illness of pleuro-pneumonia. Our next number will contain a portrait and extended notice.

*It is said that on the occasion of Prof. Winckel's visit to the Cook County Hospital in Chicago, though unknown, he was hospitably received by the Interne and politely conducted through the wards. In passing he gave the learned professor some pointers on the preservation of the perineum and the conduct of labor. The attention by his guest was so marked as he conversed by the way, that the young man familiarly slapped the professor upon his back and cordially invited him to call again and see some obstetrical operations. Possibly as a result of this and similar interviews the professor was induced to write in his book an unappreciative account of the obstetric art in the west. Angels may come unawares even to young medical graduates. —American Lancet,*

*American Nostrums in Italy.*—The fly that causeth our ointment to stink—the American patient medicine—is being driven out by the Italian government. The representatives of this generally knavish line of business, resident at Rome, complain that the government shows an unmistakable tendency to carry out the law bearing on this subject in a manner that will virtually prohibit the sale in Italy of American concoctions called medicines. We congratulate the Italian people and their governors. *Maritime Medical News.*

*The Polish Count* who was brought into court for sequestering four children, and rearing them as animals, has been acquitted. It is reported that they had been confined each in a large, well lighted and heated and ventilated room, well fed, and occasionally washed by a deaf mute; that they were unclad, never punished or restrained in any act; that two of the children have been confined thus, three, one four, and one four and a half years. The defense of the Count was, that he was conducting a scientific experiment to learn what were the natural instincts and intuitions really innate in the human species. The age of the children is not reported.

They did not speak, and made barking, growling noises, and precipitated themselves upon their food like animals.—*Boston Med. and Surg. Journal.*

*Dr. Julius Knobloch*, on the third of this month, ended a life once filled with the best of opportunities and bright with promises of success. Dr. Knobloch was born here in Cleveland in the year 1859. He was educated in the public schools, including the High School, and then went to Germany for further study in 1877, returning in 1879.

He studied and practiced dentistry with Dr. Stephan until during '80, when he began the study of medicine in the office of Dr. G. C. E. Weber. He graduated from the Medical Department of Western Reserve University in '82, secured the position of house surgeon in Lakeside (then Cleveland City) Hospital, remaining the term of eighteen months. He then located on St. Clair street, near the C. & P. R. R. crossing, where he practised so far as his health permitted, up to the time of his death. He married about three years ago, and his wife and one child survive him.

*Notice to Nurses.*—At least ten or fifteen nurses during the past month have taken positions without notifying the Directory of their engagements and when sent for could not be found. If you expect calls you must keep us posted as to where you are.

*The medical and surgical* books and instruments and also office furniture which were the property of the late Dr's. W. B. Lee of Cedar avenue, and Julius Knobloch of St. Clair street, are offered for sale to members of the profession. See Physician's Exchange this number.

"*At present one hears almost nothing*, (writes an American physician at Berlin) regarding the Koch cure. Its use has been abandoned by a number of prominent clinicians, especially the surgeons. As most of the Charite doctors have ceased to inject we have fewer cases of miliary tuberculosis in the post mortum room.

Professor Liebreich's remedy, Potassic-Cantharidin, is being extensively tried and good results are reported, but so short is the time of its use that one cannot speak of its value. The theories of its action are beautiful, but remedies don't always do all theory promises.

Another prominent clinician is said to have an infallible remedy on tap, but I hope he will keep it under cover until the medical weather is settled."

*Dr. Barton* has resigned the position he has so long and acceptably filled at the insane asylum. A brother of the superintendent has been appointed to fill the position.

*A private correspondent* writes from Berlin in regard to the Koch cure: "If I should write all I have heard on the subject, my good right arm would be paralyzed and you would lose much of your high opinion of the great German scientist. If the true history of the matter could be written, it would make a book of more sensation than a Tolstoi novel.

"I'll also admit for the sake of argument that a dead house is a poor place to gather facts for a paper on the cure of the living, but I have attended the meetings of the society for internal medicine, visited the hospitals, read the medical journals and tried to get all sides of the question, and I must say, so far as statistics are of value, the pathologists have the best of the discussion at present. The deaths outnumber the cures twenty to one.

"A great big wave of reaction is sweeping over the land and while a large per cent. of the doctors claim cures, they only at best say: 'The patients appear healed.' The most however admit: 'We have as yet no cures, but several of our patients are improving.'

"The distressing feature of the whole matter is the scramble made to secure lymph, not for scientific ends but for the money to be made from its use."

*Dr. C. P. Linhart* has been in the city for a few weeks and will be remembered by many of our readers. He has the last four years had charge of the physical training in the Newark Academy, a school for boys; also had the same department in the city normal school of Newark, N. J.

Much has been said of the over-crowding of the profession, and physical training undoubtedly presents as promising a field for active young men as in some of the older branches of the profession.



*Dr. Sihler has removed* his office and residence from 8 Vestry street to 832 Scranton avenue.

*The many friends of Dr. John F. Isom* will be pained to hear of the death of his estimable wife.

*Meeting of the National Association of Railway Surgeons.*—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7, 8 and 9 of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo April 30 and May 1 and 2, to which all railway surgeons are cordially invited. To all railway surgeons sending their name and addresses to the corresponding secretary, a copy of the constitution and programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of

A. G. GUNMAER, M. D., Corresponding Secretary,  
Buffalo, N. Y.

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## AIDS TO DIGESTION.

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### *A Fair Division of Labor.*

I'm going into partnership  
With a lovely young M. D.,  
She brought me safely through the grip,  
And now she'll marry me.  
She'll keep her practice as before,  
She's wise in everything;  
And as for me—I'll tend the door  
And do the marketing!

*Presence of Mind.*—The morning after the recent snow storm, a big policeman walked into the W. R. U. and said: "Too much snow in front of your building. Who looks after the paths?" "They will be attended to," answered a quick-witted student, "just as soon as the pathology professor gets here." "All right," said the blue-coat, and walked away perfectly satisfied.

*An Ancient Invention.*—SAWEDOFF—"You know Pinion, the inventor? Well, he's recently produced something quite new in breast developers. I was down there last night and he showed me a couple of working-models. Pinion has got a good thing there. Hyssop (innocently). Breast developers? SAWEDOFF. Yes twins.

*Scientific Zeal.*—REV. MR. WHITEBAND. "Ah! my dear young friend, I am glad to see you display such zeal in the fields of science. That is your microscope under your arm, I suppose?"

BOBBY SHORT.—"Yes, sir, an' this book contains the London prize-ring rules. We are all going down to Tommy Tart's, an' Jimmie Jones is going to bring over his bacillus to fight Tommy's microbe to a finish—an' I'm referee. Good bye, sir."

*A Solemn Warning.*—There are physicians who forget that their patients are not as well posted in medical lore and usages as they might be. A young doctor of this city recently became aware of this fact when he received a note from an out-of-town patient, the substance of which we have endeavored to preserve in rough rhymes. It should prove a solemn warning to all doctors who fail to make simple things clear to the mind of the ailing wayfarers. Here it is:

"Dear Doctor:

Life has renewed its glories,—

I thought I'd have to die,

But I ate them s'positories,

An' I want a fresh supply!"

*An Arkward Mistake.*—A gawky youth, unmistakably from the country, stopped in front of a Euclid avenue show window several weeks ago and stared with open mouth at something which caught his eye. "By gum!" he said, "what's that?" A city man happened to be standing near, and taking in the greenness of the youth glibly answered him: "That? That's the skeleton of one of the most famous murderers that ever was hanged. He froze his venerable grandmother to death in an ice house, pushed his aged father over a mill dam, and chucked his amiable mother-in-law into a well. You must have heard of him?" "Wh—who's bones is it?" gasped the awe-stricken youth. "Hessler's, I suppose," answered the city man as he carelessly walked away. Five minutes later he happened back, and saw a crowd around the window. Walking nearer he noticed that the green youth was in the front row with his nose flattened against the glass, and his arms wildly gesticulating. "Look at that," he was saying; "that's the bones of one of the worst murderers that ever got hung. He killed folks everywhere. He killed 'em in mills, an' ice wells, an' house-dams, an' lots o' places. Yes, he did! You must o' heard o' him—his name is Hessler!"

The city man walked gravely away.

*Dress Reform With Illustrations.*

"Pray tell me," said his fiancee,

"Of a substitute for corsets, please."

"I think," the bashful Doc did say,

"'Twould surely be a real tight squeeze!"

— THE —  
**CLEVELAND MEDICAL GAZETTE.**

*VOL. VI.*

*APRIL, 1891.*

*No. 6.*

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**ORIGINAL ARTICLES.**

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**UROSCOPICAL EXAMINATIONS.**

BY EDWARD PREBLE, M.D.

Lecturer on Skin Diseases at the Wooster Medical College.

We may note in approaching the practical discussion of this subject, first, that the work is often left wholly to undergraduates and to young practitioners who have spare time. Secondly, an expert examination so-called has, as a rule, to be divided between a skilled microscopist and a professional chemist, it being the truth that the microscopist is seldom a chemist, and, vice versa, so that each one does the work not in his immediate province in a perfunctory and halting or routine manner.

Thirdly, uroscopy, as it is practised at present, consists rather in an elaboration of methods for demonstrating special substances and objects, such as albumen, glucose, casts, etc., than in a harmonious research directed towards the urine as a whole. One has only to institute a comparison between uroscopic diagnosis and the physical examination of a patient. Suppose the physician were to carefully listen at the apices of the lungs, and over the cardiac valves, and then note in a wholly perfunctory manner the state of the viscera! Circumstances might occasionally justify this mode of

procedure, but no argument is necessary to show the wholly unscientific and non-progressive character of such exclusive investigation. Yet this is actually what occurs in most instances in uroscopic examinations. The subjects of albuminuria and tube-casts are indeed all-important, but research among the byways of urinary excretion will almost always throw much light on the main quests, light which is often indispensable in arriving at an intelligent diagnosis.

We should regard the urine as an entity having a definite constitution, which it derives from the blood, and which is further conditioned by the integrity of the uro-genital tract.

It is demonstrable that any grave alteration in the excretion of any one ingredient involves a change in the constitution of the urine as a whole; further, the normal urine, at least in twenty-four hour specimens, has tolerably well defined limits.

Even in the simple instance of a diminution of the fluid element, where the solids preserve their natural proportion towards one another, we find a virtual change in the constitution, because substances which belong in solution appear as precipitates, or sediment, and the ordinary alkaline decomposition of the urine is often replaced by the so-called acid-fermentation.

If we pursue our studies imbued with this idea, we shall find that pathological urine assumes certain *types*, or *habitus*, and that no rational conception of this fluid is possible without having taken this into account. We should cease to think merely of urine containing albumen or glucose, but of *urine of some pathological type which further contains those substances*. This is no quibble, no begging a question, no mere verbal distinction; but herein lies the whole question of the difference between normal urine with food-albuminuria, and a pathological albuminous urine—between simple glycosuria and diabetes mellitus—between healthy urine with the addition of some substance like iodine, which is eliminated by the kidneys, and a urine which is rendered pathological by the disorganization of the blood and urinary epithelia through the pres-



ence of some substance in excess, like chlorate of potash, or carbonic acid.

The tests usually employed at once upon the urine are highly specialized and directed toward certain substances only. There is, therefore, nothing more instructive than the adoption of tests which tend to reveal the entire urinary constitution.

Take a test glass whose sides slope at an angle of more than  $45^{\circ}$  and place therein filtered urine, and then allow one-tenth its bulk of cold nitric acid to run slowly down the sides, thereby displacing the urine from the bottom of the glass. Set the glass aside for fifteen minutes, and then view it, if necessary with some dark background. In a pathological urine, a variety of changes may be observed, illustrating the changed constitution of the urine. Let us first, however, touch upon the effect observable in healthy urine. This is nothing more than a faint color-band at the point of contact, the color being brownish or rose or indigo-blue, of a breadth of a line or less, and sharply defined. This varies considerably within normal limits, and indicates simply part of the habitual coloring matter of the urine. If the urine is alkaline, bubbles will arise from the area of contact, although in practice this phenomenon is often due to an unclean test-glass.

Let us now apply this test to some type of pathological urine, where there is a general functional disturbance of the chylipoietic system. It will be convenient to consider the urine in the test-glass as stratified from the action of the acid upon the various soluble ingredients of the fluid. Beginning from below upwards, we may find that the acid in the bottom of the glass is colored green, this being due to biliary coloring-matter in the urine. In the same space we may also observe a precipitate of feather-like crystals, nitrate of urea, due to an excess in the amount of urea present. This precipitate forms in the cold, and after some standing. Coming now to the stratum of contact, we may find the ordinary color-reaction greatly accentuated, indeed the whole of the super-natant fluid may be tinged rose-color or indigo-blue, from the presence of urine-indican, a substance which implies defective functioning on the part

of the intestinal tract. The contact-zone is also occupied by albumen when that substance is present, and certain extraneous substances like iodine also appear in the same stratum. There is usually a clear stratum above the albumen, or color-zone, and above this, and near the summit of the fluid, we observe often a deep ring due to the formation of an insoluble acid urate. Finally there is another clear stratum above the urate-zone.

If we add a strong alkali to healthy urine (say caustic potash dissolved in twice its weight of water), and warm it in a test-tube, we observe merely a slight change of color—from yellowish to greenish—and the appearance of earthy phosphates as a precipitate. In certain pathological conditions we see the phosphates increased or diminished or tinged by foreign coloring-matter. Even the urine itself may be colored brown by the alkali in the cold (alkaptonuria). By far the most significant phenomenon resulting from applying the alkali with heat, is the discoloration due to the presence of sugar, this being by far the simplest test for that substance, although not a special test for grape sugar. The discoloration may vary from lemon-yellow to black, according to the proportion of sugar present in the urine.

Enough has been said to show that the routine application of acids and alkalis should be used in practice to determine in part the constitution of the urine; for albumen and sugar are always recognized when present, whereas by using only the specialized tests—heat and acetic acid for albumen, and a reduction test for glucose—we learn nothing about the urine as a whole. The time and outfit required are as simple in the general as in the special way of testing.

We must also make a sharp distinction between the unorganized sediment which has been precipitated from solution, and the organized sediment of histological elements derived from the uro-genital passages. The former must be considered as a part of the urinary secretions proper, and within the province of the chemical investigator—in other words, it is the micro-chemical sediment. The latter is rather in the domain of the histologist.

(Of other routine tests, the density is, of course, all-important,

since it gives an expression of the weight of solid matter held in solution, and when the specimen tested is from the twenty-four hour amount, we may know at once how much work the kidneys are doing per diem, by simple mathematical calculations which are given in text-books on urinary analysis. By the use of Squibbs' ureometer, which involves about a half an hour of time and much tedious manipulation, we may further determine the amount of urea, the principal solid constituent of the urine, which gives a still better idea of the condition of the kidneys.

The "color" and "odor" usually noted depend greatly upon the "personal equation" of the observer. In the great majority of cases they cannot be better described than by the single word "urinous." When the urine is colorless, or red or brown, or when it smells strongly of some substance, not due to an unclean flask, the facts must be noted, but might well come under the head of "remarks," for the cause of the disturbance would surely come to light during the investigation. The use of test-paper, while it will never be discarded, is often extremely unsatisfactory. The practised observer always knows by numerous indications whether he is at work upon an acid or alkaline specimen, and further the probable degree of acidity or alkalinity. The mere word "acid" or "alkaline," giving the behavior of the urine to test-paper, is usually rendered unnecessary by the results of other tests noted in a report.

We have now bestowed sufficient attention upon the subject of uroscopy to render obvious the propriety and utility of a simple scheme, designed for qualitative routine-work, which the writer has used for years. The scheme is filled out by the details of an imaginary sample of urine.

#### UROSCOPICAL EXAMINATION.

##### CHEMICAL.

*General Remarks.* Color and odor urinous. Acid to test-paper.

Specimen clear with the usual mucous cloud depositing.

*Twenty-four Hour Amount and Density.* 1,000 c. c. of density 1.025.

*Amount of Solids; Urea.*—By Hassler's coefficient 58+ grams solid matter; by Squibb's process 35 grams urea.

*Behavior with Acids.*—Faint urate-ring; slight increase of color reaction from urine indican; no albumen; slight precipitate of urea-nitrate.

*Behavior with Alkalis (and Heat).*—Phosphates normal; no sugar.

*Micro-Chemistry.*—Calcium-oxalate octahedra in moderate amount.

*Special Tests.*—Not required.

#### HISTOLOGICAL.

*General Remarks.*—Sediment essentially mucus and from the genital passage only.

*Elements from Kidneys.*—None.

*Elements from Kidney-pelvis and Ureters.*—None.

*Elements from Bladder.*—None.

*Elements from Genital Mucosa.* A few mucous corpuscles and patches of desquamated pavement epithelia (almost always from the vagina, but which may be exactly simulated at times by products from the male urethra).

The foregoing is a fair sample of a large proportion of the urine which comes to the investigator for analysis. It is practically within healthy limits but is often associated with functional derangement of the leading organs, due to defective hygiene. Attention to the diet, exercise, etc., will very quickly cause the urine to resume its natural constitution, the density will be less, the color reaction will be diminished, and the precipitates of urea, uric acid and oxalate will disappear. Simple prescribing, such as regular meals and sleep, at least one hour in the open air, and the use of a mild laxative with some alkaline diuretic, preferably a mineral water like Vichy, will make itself felt within twenty-four hours. The sediment being from the genitals has no special significance, and is virtually accidental. In urinary analysis according to any legitimate scheme, there are two leading points for consideration. First, we must be sure of our ability to correctly note departure from the normal constitution of the urine. Secondly, we must be able to correctly interpret such departures.



It is useless to deny that the personal knowledge and confidence of the investigator may often go much further than he himself would care to admit, much further, in fact, than he could explain satisfactorily to others. Nevertheless it is the province of the teacher to bring his subject within the range of all minds, regardless of the channels in which they may run. Neglecting this precaution he renders himself subject to impeachment on the charlatanism score. Hence he must give ocular proof and good reason for all he does.

It may be interesting in this connection to note certain things which have forced themselves upon the mind of the writer. Thus, an acid urine is usually clear, or else will filter clear. Yet occasionally there is seen an acid urine with a faint turbidity, or rather opalescence, persisting despite all attempts at filtration. In such cases the acidity of the urine was marked, and there was positively nothing else in the specimen, studied by special testing, to denote any advanced or marked pathological change, or to account for the haziness in question. In two such cases, the patients were stricken down suddenly, one with uræmic convulsions (mistaken at the time for epilepsy), the other with uræmic coma. The autopsy revealed advanced cirrhotic kidney, a condition in which both albumen and casts are occasionally absent. Although the writer has in a few instances noted this haziness in normal acid urines, he can never perceive it without the gravest forebodings for the safety of the patient. In each of the instances specified, there was opportunity for but one examination. Other writers have noted this phenomenon.

Conversely the writer had once a specimen submitted to him which contained almost every variety of cast. He made the gravest of prognoses, and used the specimen for teaching purposes. The history learned later revealed the fact that the patient, a young school teacher, was apparently perfectly well, both before and after the urine was voided. On that occasion, she had had a sudden suppression of urine for twenty-four hours.

These cases teach us the lack of absolute significance regarding the presence or absence of casts. Doubtless if these urines had

been studied in their entirety, it would have appeared that our resources for prognosis were less barren than they seemed.

If these urines had been examined according to the writer's scheme, the density and amount of solid matter passed in twenty-four hours would have probably afforded the key to the true state of affairs. In the cases of cirrhotic kidney, the urea and solids in general must have been sufficiently reduced to have caused alarm; while in the case of suppression, it is probable that but one kidney was affected, the other doing compensatory work; so that urea within normal limits was doubtless being eliminated. This point of the relative participation of the two kidneys is one highly important. Often when there has been great oedema, with evidence of extreme disorganization of the renal tissues, the writer has been able to give a fairly hopeful prognosis, simply because the total amount of solids eliminated was within natural bounds. In one case which he followed up for years, there was a constant high degree of albuminuria. Casts, for a while abundant, eventually disappeared, the albuminuria persisting. The amount of urea excreted was sufficient, and the patient had no constant oedema, nor symptoms of uræmia. She died finally of some intercurrent disorder. The diagnosis was atrophy of one kidney, following croupous nephritis, with compensatory enlargement of the other kidney.

The present article consists merely in a few random jottings, all bearing upon the doctrine that special testing of the urine is fallacious in the extreme. All urines should be examined according to some scheme which brings out the constitution of that excretion as a whole. Hundreds of problems suggested by the compass of this article cannot be even alluded to. The article itself is meant to be suggestive, not even systematic, much less exhaustive even within certain limits. The writer does not seek to prove too much. He hopes he may be pardoned for believing that the practical uroscopist who has the confidence of his brother physicians should be one who has pursued the work with genuine ardor, and not for time-serving purposes; who has a like predilection for the chemical and histological features of the work, and who has always striven to ascertain

the clinical condition of every patient whose urine has been submitted to him. Uroscopists usually set down just what they see, and refrain from trying to make a diagnosis or prognosis. They say, and with some justice, that it is not right for them to assume this latter function, even when requested to do so, and that further, the clinician would resent any intrusion, and claim the propriety of making his own interpretations, for politic reasons if nothing more. A few noted uroscopists, on the other hand, have an oracular way of making diagnoses and prognoses, based on a close calculation of probabilities. They do not condescend to give reasons, and are so often right that they can afford to make an occasional mistake. This method savors too much of charlatanism to appeal favorably to the sense of the conservative practitioners.

It has always seemed to the writer that a middle course between these extremes is entirely praiseworthy. The uroscopist can say, "In my experience I have found that a urine of this type is associated with this or that clinical condition. I would like another specimen of the urine, with information as to certain features of the patient's condition." By this method of approximations, valuable results are obtainable. It often happens that the uroscopist wishes a catheterized specimen, to free the urine from products from the genitals; or that he would like to study the urine while diuretic medication is suspended. And here let us say that for the good fame of the uroscopist, he must be willing to look at any number of specimens of urine from a single patient without considering that each sample represents a fee. Every specimen need not be submitted to all the tests or even more than one or two tests after the first thorough examination, but it is extremely useful to have the urine on hand in case of unexpected variations in type.

The uroscopist is in no sense of the word a renal specialist, but his study lies in the direction of the only form of elimination available for study, since the sweat, fæces and pulmonary exhalations are impracticable for routine clinical study. His position is therefore analogous to that of the expert in dietetics, airs and mineral waters, and in general to those who take special cognizance of in-

gesta of all kinds. Those who study ingesta are indeed brought in close contact with structural diseases of the stomach and lungs, just as is the uroscopist with kidney diseases, yet the major portion of the study of each lies in the deeper problems involved in malnutrition. Hence the possibilities of the study of uroscopy are practically limitless.

353 Prospect Street.

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## THE ELECTRICAL TREATMENT OF FIBROIDS.\*

JOHN B. WALKER, M. D., CLEVELAND, OHIO.

Most uterine tumors are strictly fibro-myomas and thus are composed of fibrous and muscular tissues in widely varying proportions, and are usually encapsulated in connective tissue. When the fibrous tissue predominates they are hard and firm, while the muscular variety are soft and yielding. Small fibroids are generally firm, solid, and usually multinodular; those of larger size may become more vascular as the blood vessels become more dilated, thus the rapidly growing, soft, oedematous myomas. They may undergo degenerative changes, may soften and break down, so that cavities form within them containing semi-fluid. Sometimes they slough and septicæmia follows.

Fibroids may be divided into three classes, according to their situation in reference to the uterus. 1. Submucous. 2. Interstitial. 3. Subperitoneal. Authorities state that about 10 per cent. are submucous, 65 per cent. interstitial, 25 per cent. subperitoneal. Like all organic structures they have their period of growth and decline; they generally continue to grow until or after the menopause, but at this period many cease enlarging and gradually diminish in size with a cessation of their symptoms; these symptoms are generally troublesome and frequently dangerous enough to demand treatment.

1. *Metorrhagia* is the most pronounced symptom and is most frequently seen with the interstitial and submucous variety; here the

\*Read before the Cuyahoga County Medical Society.



menstrual periods become profuse and are abnormally prolonged.

2. *Dysmenorrhœa* occurs at the menstrual periods, but in addition the patient may suffer between the periods from severe back-ache and intermittent attacks of neuralgia of pelvic origin.

3. *Pressure Symptoms* are due to the pressure of the tumor's weight against the bladder so causing vesical tenesmus and frequent micturition with most intense pain; or upon the rectum, producing constipation and hemorrhoids; or upon the venous circulation, causing ascites and œdema of the lower extremities. These symptoms usually become aggravated at the menstrual periods.

The alleviation and symptomatic cure of these symptoms may be accomplished by surgery, or in selected cases by electricity.

The use of electricity in this manner is founded upon the well established physical law of electrolysis, which is the great elementary fact in electro-physics and is thus demonstrated. All substances are conductors and are divided into two classes. First, those in which the passage of electricity through them produces *no change* in the *chemical* composition of the substance—thus illustrated in the incandescent lamp; here the passage of electricity, meeting a resistance in the carbon, produces a rise of temperature until the carbon becomes incandescent.

Secondly, those in which the passage of the galvanic current results in the chemical decomposition into its constituent elements of the substance of the conductor, at the points where the electric current enters and leaves the body. This process Faraday designated as electrolysis. Thus if a current is passed through water, the oxygen is given off at the positive pole and the hydrogen at the negative pole. That which occurs in water occurs also in more complex fluids, and this is just as strictly true according to law in the structures of the human body as in the simplest of fluids, water.

Cinselli and Cutler in 1871 first called attention to this electrolytic power of the galvanic current for the resolution of tumors, but not with the scientific exactness of Apostoli, who, having been impressed by the high mortality of the abdominal hystero-myomectomy and being opposed to the removal of the ovaries, inaugurated

a series of experiments in Paris in 1882 for the electrical treatment of fibroids. He adapted scientific instruments for measuring and applying the indicated current, thus establishing for electricity a correct system of exact dosage under the same conditions as in the employment of any other valuable but dangerous therapeutic remedy. He accomplished this precision by the use of the galvanometer, and by the use of high intensities of current which can be applied in doses of from 50 to 300 milliamperes, he secured a very energetic agent. Naturally this intense current would be very painful but he made it bearable by introducing his peculiar wetted clay abdominal electrode which, when properly adjusted, transmits this intense current without much pain.

As the amount of chemical decomposition in any time is proportional to the whole *quantity* of electricity which passes through the electrolyte (the substance to be decomposed) the current should be of sufficient strength to accomplish the desired object in the shortest possible time without detriment to the patient. The strength being from 50 to 250 milliamperes, must be brought into direct contact with the tissues to be acted upon. "A small electric dose applied for even a long time never produces upon the living organized elements the same effect as a higher dose applied for a shorter time."—*Apostoli*. Munde also strictly believes this. "One pole, called the active, serves as the active agent for the application of the electricity, and upon this the entire effect is concentrated. The current at the opposite pole is to be dispersed over as large a surface as possible so that its effects will be least perceptible."

The proper selection of the intra-uterine electrode is of the greatest importance. In non-hemorrhagic fibroids the negative pole is used as the intra-uterine electrode, for it appears to control the circulation by means of the rapid atrophy it produces, and especially is this so when it is used for galvano-puncture. *Apostoli* has found that this is the quickest to produce any reduction in the size of the fibroid.

In the hemorrhagic forms the positive pole is made the intra-uterine electrode because of its hæmostatic powers.

Apostoli after having carefully studied each particular case to determine whether it is suitable for electrical treatment, begins his preparations for treatment by moistening the clay abdominal electrode in hot water to soften it and make it so pliable as to fit closely all the abdominal irregularities—the current then passes with much less resistance and thus with less pain. Warm, dry towels are placed over the electrode to protect the clothing, etc., the vagina is cleansed with an antiseptic douche and then the platinum or carbon electrode is carefully introduced. Then the connections are made with his battery, galvanometer and rheostat all in place. The first sitting should not continue longer than six minutes—the current starting from zero and being gradually increased, avoiding all quick changes and thus preventing shocks; there should not be any intra-uterine pain, and the sensations on the abdomen should not be more than very strong blisters. Sometimes, however, there is much pain and one must watch closely the galvanometer and the patient to see that she is not suffering from too strong a current. Yet sometimes it may be necessary to give her a few inhalations of chloroform during the severest pains. The current should remain at its strongest for half the time and then be slowly reduced. At the end of the sitting give another vaginal antiseptic douche. The dispensary cases are made to lie down for several hours before going home. And it would be better for the patient to stay in bed the remainder of the day. If any evidences of pain or reaction with rise of temperature follow, stop the treatment for several days and apply an ice-bag over the abdomen. Electrical applications should not be made oftener than twice weekly.

When electro-puncture is desired, Apostoli passes the vaginal electrode through the posterior vaginal wall and into the substance of the tumor. He claims that when tumors are not affected by the intra-uterine method it is because the current meets too much resistance in passing through the moist mucous membrane, and as it is necessary for the intra-polar current to traverse the growth in order to modify its nutrition, in this class of so rebellious cases it needs the more intimate contact with the tissues of the tumor which can

only be obtained by the galvano-puncture. There is more danger with this method, so that it has not been frequently practiced in this country. It must require extreme skill. Munde of New York has adopted this method and reports four cases of complete disappearance of the tumor without any unfavorable indications. A few others report similar experiences.

It is difficult to fully explain many of the phenomena of electrophysics, but as we recognize the facts we are therefore justified in taking advantage of their peculiar service. Their medical effects have been described by Deletang, as follows: The immediate effects of electricity consist in a contraction of the uterus with its tumors, accompanied by a congestion of the adjacent tissues which continues for several hours, and is followed by a subsidence of pre-existing hemorrhages. The consecutive effects may be first, a slight hemorrhage; second, pain with functional disturbance. These phenomena have no relation to the tumor itself, but belong rather to the inflammatory zone surrounding it, and quickly subside. The tumor diminishes, the morbid symptoms disappear, and the general nutrition improves. There may be sometimes a temporary aggravation of the symptoms at the commencement of the treatment, depending upon the above-mentioned congestion.

Apostoli says: "For the hundredth time I will repeat that my treatment has nothing to do with the *unvarying radical cure* of fibromata; and if such result is sometimes observed, it is the exception, and electro-therapeutics up to the present time has for its sole ambition the *symptomatic cure* of the *patient* and the parallel but limited retrogression of the fibroma," and he claims that the *galvanic current* controls the dysmenorrhœa, metrorrhagia, and through its influence upon the vaso-motor mechanism—(that governs the arterial circulation)—controls the conditions which govern the growth and so stops the evolution of benign neoplasms; while at the same time it improves the general tone of the patient and makes her more restive to the local disease.

It is indicated:



1. Especially in fibroids occurring in women who are approaching their menopause.

2. In those in which the other symptoms are severe while the tumor increases but little in bulk.

3. In cases of soft tumors where operation is inadvisable.

4. In the early treatment of developing fibroids as a conservative measure of the greatest value, and to be tried in most cases.

5. In most large chronic immovable tumors choking up the pelvis and so causing pain, hemorrhage and pressure symptoms.

The galvanic current is *contra-indicated*.

1. "In phlegmasia of the annexes it is not efficacious but even harmful in high dosage, especially if the intra-uterine pole is negative and will only increase the patient's suffering."—*Apostoli*.

2. In all cases where *pns* is present.

3. In large oedematous fibro-cystic tumors.

4. Several practitioners have stated that electricity accomplished so little good in two additional classes that they considered its use in these cases *contra indicated*; whether their conclusions are correct will be ascertained by future observations. (a) In large and rapidly growing fibroids, chiefly subperitoneal and interstitial in character, which occur especially in younger women some considerable time before their expected menopause.

- (b) In some cases where the patient has long passed her menopause without its having given her its expected relief. In these cases as age advances there has been noticed a tendency for the growth to assume a malignant character.

In a recent article a well known surgeon referred to the advocates of electricity as "lightning-bugs," adding that electricity was a signal failure. Many of these ideas of failure are due to the fact that some excellent practical surgeons who have won their reputation as accomplished operators (and have ever regarded electricians as quacks) have not themselves studied carefully into the matter; for they have been too busy with their private and hospital practice to give the subject even a just trial, and do not understand the true status of electricity. Whereas numerous

adventurers, who have from time to time advertised their ability to cure every case, have been not only disappointed themselves in their failures but have by their very ignorant methods disgusted and harmed their patients who later came—as examples of what electricity can do—to these above surgeons for relief. The ordinary electrician, with his incomplete and unsuitable apparatus, can not accept such a responsibility, and electricity in the hands of the ordinary practitioner is as dangerous as laparotomy. The one who would obtain the best results must be a skilled diagnostician to select the suitable cases, must possess considerable knowledge of electro-physics, must practice perfect asepsis and be a very careful manipulator, using all the proper scientific apparatus to accurately apply and measure the indicated current. Lack of experience produces similar results with electricity as in surgery, for neither the surgeon nor the electro-therapeuticist exhibits as successful results in his first series of cases as later when he has perfected himself in his skill and technic.

The plain record of facts of eminent men prove the value of this mode of treatment. Apostoli reported last fall 531 cases with a record of 95 per cent. symptomatic cures and only 3 fatalities. Keith reported 106 cases with 97 per cent. symptomatically cured. He says no surgeon ever reported such a series of recoveries, and that he wishes he had back those sixty-four women upon whom he so successfully performed hysterectomy, that he might first try Apostoli's method, which though slow, requiring much patience and tenderness in manipulation, is still quite sure in its results. Aug. Martin, in a report of ten cases, says: "The results show that hemorrhage, the most troublesome and dangerous symptom, nearly entirely disappeared in those large multiple tumors, which apparently were situated intra-murally and included the fundus. Pressure symptoms disappeared in all cases. Hence I feel justified in continuing this treatment."

Sir Spencer Wells says: "I spent many laborious hours in what I may say was a rigid skeptical examination of the evidence before me, seeking for weak points in the system, but the conviction was

irresistible that, though the method might not have reached its point of perfection, still the work so far as it went was good."

Playfair says: "Hysterectomy is not a legitimate operation in these large non-hemorrhagic myomas until the simple procedure of electricity has been tried and has failed, as electricity does much good in certain cases otherwise little amenable to treatment. As it is an agent of considerable power, if rashly used, it is also capable of doing much harm."

Championniere says: "The greater number of cases received some benefit; those who could not stand the high current were very few. In those cases where no good still no harm occurred. It is most useful at the menopause when operations might be unusually dangerous."

It is not dangerous when the application is intra-uterine and in the absence of pus or acute inflammation. Most patients, whether the pelvic conditions are improved or not, feel much better in their general health after a few applications. As there is no question as to its aid as a palliative therapeutic agent, and as it promises a fair measure of success, it should anticipate the knife in the early treatment of developing fibroids, and should be given a thorough trial before extirpation is attempted. Therefore as in selected cases the galvanic current relieves pain, hemorrhage and pressure symptoms, and conduces to bodily comfort, thus rendering life supportable in "that class of female diseases which have an inherent limit, by it we may conduct our patient beyond the line of life when atrophic changes commence," so it is to be considered a therapeutic adjuvant of the greatest value.

The intelligent use of electricity has already limited the field of some eminent men in that they are not doing as many hysterectomies as formerly. It is not necessary to subject the patient to the dangers from such an operation, when the proper employment of electricity may relieve her of her symptoms, which is equivalent to a practical cure. I have been able to collect from French, German and English records 1530 cases, giving 84 per cent of symptomatic cures under the electrical treatment. I am not a partisan to either

method, for after much study of original articles of eminent men, I am led to believe that neither mode of procedure, surgery nor electricity, can be accepted as the only one for all cases, since excellent results have been obtained by each. Each possesses its own especial virtues and qualifications, and in selected cases each will prove its superiority to any other mode of treatment.

"Electricity is not an universal panacea, and it does not act like a magical incantation. When the effect to be obtained is clearly realized, and the means employed are adequate and appropriate, the use of electricity will be of the greatest value. In the absence of these conditions it is far more likely to be harmful." One must be a good surgeon to be a good gynecologist, and a good diagnostician to make right use of electricity. He must become a specialist among the specialists.

166 Euclid Avenue.

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OPENING ADDRESS TO THE STUDENTS OF THE MEDICAL DEPARTMENT OF WOOSTER UNIVERSITY, THURSDAY, MARCH 5, 1891.

BY C. E. DUTTON, M. D.

Professor Principles and Practice of Medicine.

*President of the Board of Trustees, Ladies and Gentlemen, Fellow Students:* It was expected by the medical faculty of this college that we should have the pleasure of listening to an address this evening from our able Professor of Medical Jurisprudence, Mr. Andrew Squire. His duties elsewhere have interfered with this arrangement, however, and it has become the pleasant duty of his alternate to say to you a few words of greeting and to note a few things which, it is hoped, may be suggestive, if not instructive, and which may serve as an informal introduction to the labors and studies upon which we as fellow students are about to enter.

"The world moves" has become a common-place saying, but the announcement of this fact was once so astounding as to bring down



upon the head of him who first announced it the bitterest of persecutions. Despite, however, the oppositions to science the world has continued to move, and in all its departments of learning is now sweeping on with a velocity too marvellous for comprehension, too irresistible for opposition. Man plays with the forces of nature as they were toys in his hands, and human thought, which literally outstrips the lightning in its speed, is prying into the mysteries of the universe with an audacity that no power can restrain. The telescope, invented in 1608 by an obscure optician, Hans Lippershay, less than three centuries ago, which brought the planets only a little nearer to our earth, now with its perfected mechanisms has multiplied the stars, and enabled us to pierce into infinite space and bring hitherto unknown worlds within the range of human vision, so that man can weigh and measure them and even test to some degree their material composition. If the telescope has shortened immeasurable distances and enriched our minds by a knowledge of things infinitely great, what shall we not say of the microscope, invented (in 1590) three centuries ago by Zaccheus Jansen, now so perfected as to give form and shape and life to things infinitely little, bringing light out of darkness in that things hitherto unseen are made clear to sight, and revealing to us objects hitherto unknown and unseen, of marvelous beauty and interest. Still more, giving us knowledge of the truth that above us, around on every side of us, floating in the air we breathe or sporting in the sparkling waters we drink, or making their habitat in the molecules which compose the tissues of our own bodies, are living objects capable of doing us damage to the extent of destroying our own lives even. The chemist has supplanted the alchemist. Facts more marvelous have supplanted fiction. Theories long cherished are rapidly vanishing if false, and being confirmed by indisputable testimony if true. The fire and force and push of the present age are seen on every hand. Gunpowder as an explosive is no longer of value. The chemical laboratory has furnished us with forces twenty-fold stronger for good or for evil. Man is no longer contented to propel himself by the old-fashioned method of walking. He rides a ma-

chine, propelled by his own feet to be sure, but on his wheel he outspeeds the fastest horses on a continuous journey. Even the linked lightning has become his servant and must carry him wherever he wills. The rapidity with which physical forces have been turned to the fulfillment of human purposes surpasses conception. Once if one desired to see a copy of himself he must sit for hours and days while the artist with skilled hand sketched his outlines and deftly filled them in with brush and pencil. Now with flash light he is shown to himself as he actually appears to others in the smallest fraction of a second. Knowledge is becoming universal. The press, the most powerful educator of the people, is disseminating truth and error and fact and fiction in overwhelming quantity among all the peoples of the earth. Time is abolished, for daily the happenings of the eastern world are read at our firesides before our clocks click the hours of their occurrence. We cross the high seas in less than a week and the continent in a few hours. The doctor of reputation goes a thousand miles to see a patient or perform an operation, pockets his \$1,000 fee and is home again about his business before his neighbors have noticed his absence. The cattle on the pampas of Mexico or the plains of Texas are served up on the tables of Londoners before their steaks have had time to become tender.

The spices of the Orient, the fruits of the tropics and the products of the frozen zones are found side by side in the same markets, and verily the ends of the earth are daily brought together. Cities spring up like mushrooms in a night and in them population is massing itself. For example, more than one-eighth of the people of the great state of Ohio with its 40,000 square miles of territory, are to be numbered in the two cities of Cincinnati and Cleveland. Where men thus come together, fortunes are made and sometimes lost in a day. Rapid material development must follow when men thus come into immediate contact and competition.

But let us pause a moment. All things cannot hasten. Knowledge by accretion does not develop individual faculty. The element of time must enter into the account when intellect and soul

are to be brought out and character developed. Over feeding does not strengthen muscle nor the rapid accumulation of mere knowledge strengthen mind. A wheel may fly to pieces by its own velocity and the faster a man lives the sooner he dies morally, physically, intellectually, unless there be found compensation somewhere in the method of his development. Emerson says: "The truest test of civilization is not the census nor the size of the cities nor the crops, but the kind of men the country turns out." He might have added nor the accumulation of money nor material prosperity, but upon the development of character, exalted and noble, depends the happiness of the individual, the delights of the home, and the joy and glory of the nation and the race. The student then who determines to make the most of himself for his own sake and for the benefit of his fellow men, the man or woman who is intent on getting out of life the best that life has for him, must not be in too great haste. It takes time for the oak to grow into beauty and majesty as king of the forest, and let me repeat, if one intends to excel in his profession or in any wise or true sense to become first among his fellow men, he must work diligently, patiently and long and bide his time. And now to be a little more specific with reference to a preparation for the field of medicine.

May I ask what is your purpose in becoming a physician. Is it to make money?

The war of '61-'65 gave an impetus to money making from which the country has not yet recovered, and perhaps by the mass of men the acquirement of the misnamed "Almighty Dollar" is esteemed paramount to everything else. Poverty demoralizes but wealth no less. Money is of value only as it ministers to man's higher wants and furnishes him with life's sustenance and comfort. When money is sought as an end, it reacts against its possessor. It contracts the soul, cripples the intellect, perverts the morals and incapacitates man for the enjoyments to which he is entitled by virtue of his higher nature. I trust that none of you who are here present are seeking professional attainment for the mere purpose of making a living, much less for the purpose of making money. If so, the temptation



to charlatanism and false pretense will meet you at the outset and your noble birthright will soon be sold for a mess of pottage. On the other hand, if your motives are to make the most of yourselves, to find pleasure in the exercise of your intellectual powers, to contribute to the advancement of civilization and to the happiness and comfort of society, you will, if diligent and earnest, not only acquire a competency as to the means of living, but will find yourselves in the possession of treasures which gold cannot purchase or wealth measure. It does not require a high order of intellect to make money, and he who devotes himself to this places himself often on a level with the mentally weak and the morally debased. Assuming then that your object in studying medicine is the true one, namely, to make life valuable to one's self and to his fellow men, let me ask you to look upon your chosen profession as a scientific one. It has been denied that medicine is a science. But what is science? Some one has said, "Science is knowledge reduced to principles." Have you any better definition? I need but to remind you that in the various branches you are to pursue in medical study you will find principles from which you can reason, as thoroughly fixed and as determinate as Newton's law of gravitation. Your study all along should be with these principles in mind or with a view to becoming acquainted with them. True there is much in medicine that is in a good sense empirical. But the empiricism which is based on an accumulation and careful observation of facts is entirely rational and itself comes a little short of being scientific. Much has been said of a higher medical education.

Let me speak for a moment of the *lower* medical education which is fundamental to the higher. The higher medical education does not come to the student simply because he has added a year to his time of study, or more branches to his curriculum. The more time he has spent the more time he may have wasted, and the increased number of studies instead of having added to his knowledge may have added to his confusion. Only as he has spent his time in the acquisition of fundamental principles and educated his mind in correct methods of reasoning, only as he has laid solid the foundation on



which the higher education depends and cultivated his powers of observation, only as he has become familiar with the relations of cause and effect, and made himself able to trace these relations can it be possible for him to attain in any true sense a higher medical education. Indeed his faculties should have been well trained before he enters upon the technical study of medicine at all. He should know how to use books, how to "prove all things and to hold fast that which is good." To accomplish all this time is essential, and more of time should be given to preparatory study. The studies that prepare one to be a doctor are the studies that prepare him to be a *man*. Mathematics, Physics, Mental Science, History, Language and many other branches of which the ordinary medical student knows little, are far more essential to a higher medical education, than many which have been added to our medical courses. The student thoroughly educated in these fundamental studies will learn more of technical medicine in a year than the student without them will learn in three, yes possibly more than his less educated classmate will ever learn, for he has a comprehension of principles and mental grasp which the latter has never and possibly will never be able to attain. It is sometimes said that uneducated men have made very successful physicians. This may be true. If so they were endowed with unusual native capacity, and with such native ability what greater professional attainments they might have acquired, what wider fields cultivated, and loftier heights attained, can never be known. Certainly they might have far surpassed their present selves. If there are any here who have been denied a thorough early education however let me say to you, go on and educate yourselves to the extent of your ability. By close attention to study, by careful observation as a habit, by persistent and dilligent effort you may yet so cultivate the mind and acquire such knowledge in the lines you have chosen as will enable you to stand well among your fellows, to accomplish much for yourselves and possibly not only to render good service in the world but to rise to distinction and honor.

May I say to you all who are intending to be physicians.

Be wide awake.

Be observant.

Be persistent.

Be unbiased.

Be progressive.

Be unselfish.

Be persevering.

Be swift to hear, quick to see, ready to comprehend.

The press, the school, the pulpit and the rostrum will educate the people. Knowledge from the ends of the earth will come to them. You as physicians must keep abreast of the people. Are you ignorant of the principles of your profession the people will soon find you out. Are you learned they will welcome you to their homes and honor you with their substance.

Be carried away with no theory because it is new.

Discard no truth because it is old.

Follow no fashion in medicine.

With energy and zeal do what you honorably can to lift yourselves higher and higher. In rising on your own wings you will raise others also.

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## CORRESPONDENCE.

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### LETTER FROM BERLIN.

In the private hospital for women of Dr. A. Martin there have been done in the past three years and a half, forty-one total extirpations by laparotomy of the uterus and appendages for myoma or fibroma. Of these cases thirty-one made good recovery and ten died. The death shortest after operation was thirty-six hours, while two lived fourteen days. The causes of death are given as follows:

3 due to extreme anæmia (blood lost before operation).

2 due to intestinal paralysis.

2 due to septic peritonitis.

- 2 due to secondary hemorrhage.  
1 due to embolism.

Previous to operation most of these cases had been treated by ergotin, peros and by injections, electrolysis, and such other methods as are and have been in vogue. They were advanced cases, the tumors large and producing severe pain, strong hemorrhages, and placing the patients' lives in such danger that radical measures were demanded.

In the first few cases the operation was made by laparotomy, amputating the uterus at internal os, and then removing the cervix per vagina; then the whole extirpation was made from above, by Freund's method, and the peritoneal cavity drained through the vagina. The present modified Freund operation is made as follows:

An ample opening is made in the adominal wall. If the tumor is so large as to make operation difficult, it is enucleated, or the uterus is amputated at the internal os and hemorrhage stilled by ligatures. If the tumor is small enough to admit of working around it, it is fastened firmly by one or more bullet forceps and drawn well up out of the pelvis. The bladder is filled so as to define its outlines, the utero-vesical pouch is cut through and the vesical peritoneum stitched to the vaginal mucous membrane in the anterior fornix. A second or third stitch may be necessary to unite the whole edge of the opening. Working to right or left, a ligature is put in, including the peritoneum above and reaching into vagina below. The tissues between this and uterus are now severed with shears. A second ligature follows and further cutting. When the ligament lata is reached a single strong ligature which passes through the ligament lata below the tube, and external to the ovary, doubles around the ligament infundibulo-pelvicum, is inserted into the vagina behind the ligament lata and again into peritoneal cavity in front and tied. This lies between pelvic wall and ovary and tube and the ligament lata is now cut internal to it and removed, together with the ovary and tube.

The tissues at the other side of the uterus are now tied and cut in the manner described, and finally the peritoneum in Douglas' pouch is sewed through and cut.

The ligatures are twisted into a roll, caught by a forceps, thrust up from below, and drawn down into the vagina. By a continuous suture the peritonæum of the utero-vesical and Douglas' pouch, or that which represented the anterior and posterior walls of these rooms, is united over the wound so that all injured tissues are extra peritoneal, all source of sepsis is shut off, and the necessity for drainage obviated.

The peritoneal cavity is now cleansed and closed, and the patient receives the usual after-laparotomy care. The ligatures in the vagina, which are silk, are allowed to remain until they come away of themselves.

Dr. Martin's methods show statistics with a smaller per cent. of deaths than Freund had of recoveries, and certainly demonstrate the operation as justifiable.

Dr. George Dean, of Aberdeen, Scotland, who has been working for some months in Professor Virchow's pathological laboratory, has since the publication of Dr. Russel, of Edinburgh, regarding a germ of carcinoma discovered by him, made a series of investigations relative thereto. The bodies or germs were found as described in all specimens of carcinoma examined, some having an abundance, others but few and difficult to find. None were found in sarcoma. But they were found in two cases of fibroma uteri, a syphilitic gumma of the lung, a lactating, and a non-lactating mamma, and in one phthisis of the lung. These finds indicate the so-called germ does not confine himself to carcinoma, but prospers in a variety of pathological processes. Dr. Dean concluded the bodies were due to hyaline degeneration, since the same color reaction is given by that form of pathological change.

A medical society was formed here last month by the American physicians and students, and the start shows a strong membership and plenty of enthusiasm. The objects are the discussion of medical topics, and the aiding of Americans who come here to study to secure desired courses and such help as they need.

March 10, 1891.

J. C. GRAHAM, M. D.



## NORTH CENTRAL OHIO MEDICAL SOCIETY.

The forty-first quarterly meeting of the North Central Ohio Medical Society was held Friday, March 27, 1891, at Mansfield, Ohio, in Probate Court room, with President Dr. W. H. Race in the chair.

The minutes of previous session were read and approved. The name of Dr. J. S. Hedges, of Mansfield, was presented for membership, and the committee on membership reported favorably, and he was duly elected a member of the society. The report of secretary and treasurer was then made and accepted.

Dr. Reed having received a letter from the president of the Northeastern Ohio Medical Society regarding a joint meeting of the Northeastern, Northwestern, and North Central Ohio Medical Societies, at a time and place to be fixed by a joint committee from each society, he moved that a committee of three be appointed to confer with the committees appointed on joint session from the other Societies. The motion prevailed, and following committee was appointed by the chair: Dr. R. Harvey Reed, Dr. J. S. Hedges, Mansfield, Ohio, Dr. R. D. Dykes, Plymouth, Ohio.

The following preamble and resolution was introduced and passed unanimously, and the secretary instructed to inscribe it in the minutes, and forward a copy for publication to the *Journal of the American Medical Association*.

"Whereas an effort is being made to remove the *Journal of the American Medical Association* from Chicago, Illinois, to Washington, D. C., and,

Whereas, the *Journal, which was born* in Cleveland, Ohio, has been so well nurtured in Chicago that it has grown from a dependent unsupporting infant to an independent self-supporting adult which commands the respect and support of the profession throughout the continent, and now stands among the first of any of its colleagues in America, and,

Whereas it has accomplished all this in the short space of seven years through the judicious management and untiring energies of its trustees, supervising editor, and general business manager, therefore,

"Be it resolved, that it is the sense of the North Central Ohio Medical Society in convention assembled this twenty-seventh day of March, 1891, at Mansfield, Ohio, that it is against the best inter-

ests of the *Journal* and the Association to have it removed from Chicago to Washington, D. C., and hereby instruct our delegates to oppose such removal."

Dr. W. H. Race,	Dr. J. S. Hedges,
Dr. R. Harvey Reed,	Dr. W. S. Mecklen,
Dr. J. W. Craig,	Dr. F. C. Larimore,
Dr. M. J. Finley,	Dr. Geo. Mitchell,
Dr. A. V. Patterson,	Dr. R. D. Sykes,
Dr. J. Harvey Craig,	Dr. W. E. Laughridge,
Dr. W. H. Sykes,	Dr. Wm. Miller,
Dr. A. H. McCullough.	

For election of officers for the ensuing year, the chair appointed committee of three to make nominations. The committee retired, and upon returning made the following nominations:

President, Dr. R. Harvey Reed, Mansfield, Ohio; vice-presidents, Dr. R. S. Boles, Lucas, Ohio, Dr. S. B. Potter, Fredericktown, Ohio, Dr. A. L. Sherrick, Ashland, Ohio, Dr. Webb J. Kelly, Galion, Ohio; secretary, Dr. Josiah S. Hedges, Mansfield, Ohio; treasurer, Dr. A. H. McCullough, Mansfield, Ohio.

Dr. W. H. Sykes, of Plymouth, Ohio, moved that the secretary be instructed to cast the vote for the society; seconded and carried. In pursuance to the above motion the secretary cast the vote for the society, and the officers above named were duly elected.

Dr. Miller, of Shiloh, Ohio, read an interesting and instructive paper on *Strophanthus*, which was discussed at some length by Drs. W. H. Sykes, Larimore, Craig, Sr., Race, Reed, Laughridge and McCullough. Dr. R. Harvey Reed, of Mansfield, Ohio, read a paper entitled "A Day with Professor Senn at Milwaukee," describing several operations he witnessed at the Milwaukee hospital, and giving detail method of Professor Senn's antiseptic surgical operations. The paper was of much interest, as it showed the progress being made in the science of surgery. The paper was discussed by Drs. W. H. Sykes, J. W. Craig, F. C. Larimore, Geo. Mitchell, Wm. Laughridge and R. D. Sykes.

Dr. W. H. Race, the retiring president, delivered an able and interesting address on Spinal Irritation. Same was discussed by Drs. Miller, Sykes and Craig, Sr.

The programme for the next quarterly meeting was then read, and the chair appointed the usual standing committees for the ensuing year, also appointed delegates to the Ohio State Medical Society and the American Medical Society.

It was moved by Dr. Larimore, of Mt. Vernon, Ohio, that this society extend an invitation to the Ohio State Medical Society to hold its next annual meeting in Mansfield, Ohio, and instruct the secretary of this society to notify the secretary of the State Medical Society of the action of this society. The motion was seconded by Dr. W. H. Race and carried.

The society then adjourned to meet in Mansfield, Ohio, June 26, providing the Ohio State Medical Society do not hold their next annual session at Mansfield. J. S. HEDGES, M. D., Secretary.

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#### OHIO STATE MEDICAL SOCIETY.

Owing to the failure to complete the hall at Put-in-Bay in season, the committee of arrangements have decided to change the place of meeting to Sandusky, Ohio. A large attendance is anticipated, and we are sure that the committee of arrangements will see that all in attendance are well cared for. It is altogether probable that the change in the constitution, making all members of the county societies members of the State society, will be adopted and the transactions, instead of going to four or five hundred physicians, as heretofore, will be sent to three or four thousand. In view of this fact it is to be hoped that the members will put forth their best efforts to present an attractive programme, and give to the society their best work.

# CLEVELAND MEDICAL GAZETTE

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

Vol. VI. begins with November, 1890. Subscriptions can begin at any time.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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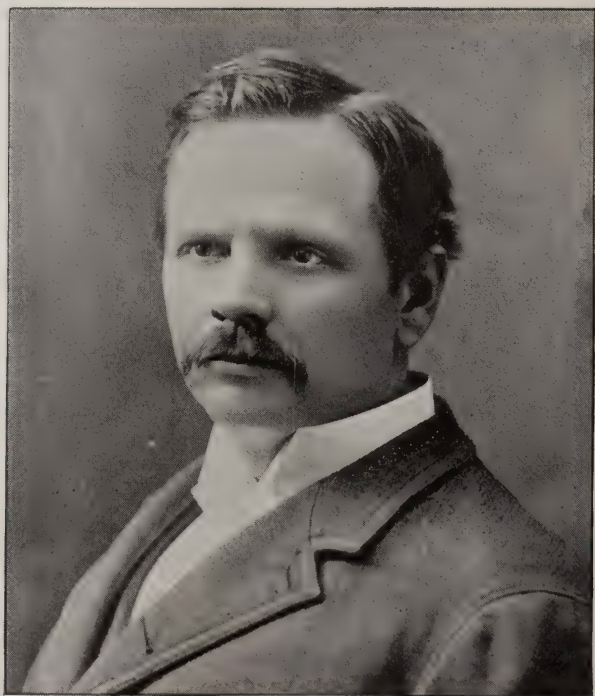
## EDITORIAL.

DR. FRANK JONES WEED.

Dr. Frank Jones Weed, whose portrait appears in this number, was born in Cleveland April 17, 1845. He received his literary education in the Cleveland public schools. He served during the war in Company B, 150th Regiment Ohio Volunteer Infantry. At the close of the war he commenced studying medicine in the office of Dr. G. C. E. Weber, and graduated from the Charity Hospital Medical College (now the Medical Department of Wooster University) in 1868. He served two years as interne in Charity Hospital, and in 1869 commenced private practice as assistant in Dr. Weber's office.







FRANK JONES WEED.

In 1870 he opened an office on the West Side and has always been located in that part of the city. In 1868-9 he was demonstrator of anatomy at Charity Hospital Medical College; was prosecutor to the chair of surgery from 1870-1; was lecturer on surgery from 1871 to 1873; was lecturer on fractures and dislocations in the Medical Department of Wooster University from 1873 to 1878. He took a course of lectures in New York in 1875-6; was lecturer on casualty surgery from 1878 to 1880. In 1881 he was made professor of principles and practice of surgery and vice dean, and in 1883 became dean and professor of principles of surgery and clinical surgery. He held both these positions until last winter, when Dr. F. E. Bunts was made professor of principles of surgery, and Dr. Weed continued professor of clinical surgery, which position he occupied at the time of his death.

In 1868 Dr. Weed became a member of the staff at Charity Hospital and held his position until 1875, when he became a member of the Lakeside Hospital staff, and continued in this position until his resignation in 1888.

Dr. Weed was one of the most active members in the organization of the University Hospital, and at the time of his death president of the staff.

During the past two or three years he devoted much of his time to the establishing of a large hospital on the West Side, to be known as Emergency Hospital. The ground was donated by Mr. Perkins, on the corner of Detroit and State streets, and upwards of thirty thousand dollars pledged toward the erection of the hospital. An effort is being made to have the hospital completed as a memorial to Dr. Weed.

Dr. Weed died March 28, 1891, after an illness of five days from pleuro-pneumonia. A meeting of the faculty of the Medical Department of the Wooster University was called on the same day and appropriate resolutions adopted, also that the faculty attend the funeral in a body, and that the students be invited to accompany them. Resolutions were also adopted at a special meeting called for that purpose by the students.

The funeral services were conducted by Rev. Lewis Burton, D. D., and Rev. Henry D. Aves, of St. John's Episcopal Church, at the late residence of Dr. Weed, corner of Clinton and State streets, Dr. Burton reading an eulogy upon the life and career of Dr. Weed, the length of which prevents its being reproduced in its entirety.

He spoke of the Doctor's early life as characterized by those same amiable, cheerful, hopeful, manly qualities which had clung to him throughout his whole life, and which had secured him a place in the public respect and esteem never awarded to aught but real and substantial merit. Viewed from a social and professional standpoint he stood among the first in all those sacred, tender, endearing relations of son, brother, husband, father, as one who brought sunshine into his home and so won the love and gratitude and homage of his wife and children, as one who by his daily spirit, temper, and conduct gave to home a very attractive and precious interpretation. As a citizen he vied with the foremost in matters of temperance, purity, integrity, peaceableness, public spirit and loyalty.

In his professional life he won not only the confidence but the love and gratitude of his patients, so that his presence, voice, and bearing contributed to give to medicine its desired effect. Dr. Burton referred to Dr. Weed's social and professional popularity, the high positions he had held in hospital and college work, and of his eminent fitness for them. He said that Dr. Weed, in the practice of his profession, was conscious no doubt of a variety of aims, some of which were personal, but he was profoundly influenced or controlled by a large-hearted humanity. Testimony comes from various witnesses with remarkable spontaneity, that to the alleviation of pain and suffering and the promotion of health his professional life was consecrated, and he pursued his profession with that devotion and enthusiasm which characterize the born physician.

Dr. Weed was a member of the American Medical Association, Ohio State Medical Society and vice president of the Cleveland Society of Medical Sciences. A memorial meeting was held Friday evening November 10, in the lecture room of the Y. M. C. A. building. Dr.



H. K. Cushing presided and after speaking briefly introduced Rev. Dr. S. F. Scovel, president of Wooster University, who said:

In a memorial service we do not come together to bemoan our bereavement or to perform a heartless ceremony or to express indiscriminate eulogy. But we gather about the memory of the man we have loved and admired, to think of how we may better understand and realize what has made his memory fit to cherish—to come anew within the influence of the traits we will not willingly let die, and thus to fashion ourselves, or be insensibly fashioned by our touched admiration, into that transfer and invitation which is incomparably the greatest honor men can pay to a fellow mortal. I believe that he would care more to have whatever of the manly and the true he had realized caught up and carried on by the students who were regularly gathering about his instructions, and so made characteristic of the institution he loved and lived for, than for any other form of recognition or appreciation.

And has he not taught us, fellow students, something concerning that about which all are somewhat anxious in early life—finding a place among men? He knew what it was to “labor and to wait.” He seemed instinctively assured that the simple discharge of duty was the thing for which he was responsible and that a kind Providence would open the way at the right time for whatever he was fitted for. At the opening of these eight years, so soon passed, we did not think of him as first in the responsibilities and duties of the faculty. But quick moving changes came which no one could have anticipated and the succession could have fallen no more gently than it did upon him. This easy and natural transition presents us as from his hand the gift of admiration for what is a supernaturally accurate and benevolent method of the succession of the generations. “One generation goeth and another cometh,” but “not with observation.” So gently and in such detail and in such irregularity as to forbid an artificial line for any generation; the changes come, and so coming they disclose the place among men we might vainly search for and could but blunder if we would seek violently to make for ourselves.

If any one asks this evening how to succeed, we shall find an answer in energetic devotion impelled by an honest ambition. Honest ambition is simply strong purpose to do one's best in that which deserves one's best and has no sting of injury to others and cannot be handled by any sordid object. Such was Dr. Weed's ambition. He succeeded by quick perception of opportunities and as determined a seizure of their possibilities. No human foresight can predict opportunity. Its golden gates swing open and swing shut with noiseless suddenness! Happy the man who has self-control to wait, mated to the supreme energy which cannot but work and is filled with instinctive conviction that the real "open sesame" is thorough preparation.

Nor less clearly may we learn from this finished life how to win the respect and confidence of our fellow men. Some men are successful with many reservations. They do so well it is strange they can be so ill. These gifts seem to make only more startling their lack of graces. Such was not our friend. The traits win and hold men were eminent in him. There was character besides his skill. Such well known traits as good judgment, "saving common sense," steadiness, honest frankness, truthfulness, purity, I need scarcely mention. They were known and read of all men. But they were wonderfully combined and balanced in him as between themselves and other traits so that they made it easy to confide in and trust him. Where he was found once, there he would be found again. The purpose once formed others could form themselves about and knit to or build upon. These are the qualities which build a man solidly into a community and the rent so grievous when just as he seems to be settled there he is snatched away. It is a breach in everything in which he was interested when such a man is torn out of his place. Is there any loftier ambition than so to have lived that others will say: "What can we do without them?"

Only once more let me indicate that here we may find a lesson on making something more than a place and a success and a position of trust—that other yet more difficult and yet more desirable thing—the drawing about us the affection and tenderness of those we have

our place among. This thing of being one of the "good men" for whom some might even "dare to die" is the noblest possibility of life, because it comes after all other good things and bears a marvelous fragrance in it. But to open hearts belongs only to an open heart. And such was Dr. Weed. He not only had a heart but showed it. Doing the unselfish things and the kindly ones even when the ethics of common life (so much below those of the great physician), would excuse us from them, is the way to win this affectionate regard. "He that would have friends must show himself friendly"—but friendship is only a "sheltering tree." Love has the true fragrance of life, and we are made to crave it as well as to give it. And the true physician has a most admirable opportunity to become the "beloved physician"—as some men hold the Evangelist Luke to have been. Pre-eminent here was our beloved professor. His associates, his patients, his pupils, his neighbors all loved him. And those nearest him loved him most.

It is a singular quality which is not granted to all—as it was to our lamented dean—to attract this affectionate tenderness of our fellow men easily and universally and at once; but the lesser degrees are possible to all who will really endeavor to follow such examples; and most of all to imitate him who said he came "Not to be ministered unto, but to minister and to give his life a ransom for many."

Dr. W. J. Scott was called upon and responded with words of deep feeling. He spoke of Dr. Weed as his student and friend, a man whom he had known for twenty-five years, and referred especially to his generous nature and ability to win and hold friends.

Dr. Dutton said: Although the circumstances under which we gather this evening are full of sorrow, that sorrow is not without compensation, relieved as it is by the pleasure I am sure we all feel in bringing our tribute of love and respect to the memory of our departed brother and friend, Dr. Frank J. Weed. It has been my pleasant lot to know him almost from his infancy—as school-boy, as student of medicine and as a devoted and earnest practitioner after his graduation. I have known him as neighbor, friend and citizen.

In all these relations his life was marked by a geniality which won for him friends without number, and contributed in no small degree to his almost phenomenal success in professional life. As school boy he was popular with teachers and schoolmates, and no less so with instructors and fellow students while pursuing his medical studies.

The same genial and sunny disposition made him a welcome visitor in the sick room, and brought with it a cheerful atmosphere which renewed hope and aided in a marked degree the professional skill for which, very early, he attained an enviable reputation. Few men have had the good fortune to secure position and lucrative practice so soon after entering upon the active duties of the profession as did Dr. Weed. From the outset success crowned effort, and to the end his was a remarkably busy life. His professional knowledge and attainments were supplemented by rare good sense and judgment, and these were richly productive of their natural fruits. Dr. Weed's inclinations and opportunities when he first entered professional life led him largely into the domain of surgery, and this with his natural and acquired mechanical skill and ambition to excel, soon put him on a level with operators of experience and reputation. There were few more skillful operators, few whose services were in greater demand, few who made less mistakes. Never rash, never eager to use the knife unless its services were already plainly indicated, always ready to listen to counsel in cases of doubt, he was at the same time prompt and ready when the demand came and never hesitated if the necessity for the surgeon's service was clearly apparent.

But it is not alone in the practice of his profession that Dr. Weed will be missed. His death is a great loss to the medical and surgical force of this city and the country of which this city is the metropolis. Probably no surgeon stood higher in esteem; certainly none held pleasanter relations to his professional brethren. His was no small contribution to the medical school of which he was the honored dean and one of the most reliable supporters and teachers. His position in the faculty it will be difficult to fill. Few men combine such elements of leadership and ability as teacher as he. His wise counsels will be greatly missed. To him perhaps more than to



any other is due the advanced positions which the medical department of the University of Wooster has already taken, in requiring of students a preliminary examination and a four years' course of study.

Nowhere except in his own family will his loss be more deeply felt and sincerely lamented than in the faculty of which he was one highly honored and respected. To him no difficulty in the way of doing what needed to be done seemed insurmountable. Fertile in resource he always found some way, and an approved way, of accomplishing his plans. He aimed at great things and accomplished great things and this without noise or ostentation. Personally he was ready to make any sacrifice for the good of others. His ambition to succeed in his undertakings were commendable and unselfish. He was not insensible to praise but he did not desire it till he had worthily won it. In his death we mourn the loss from our number of a whole-hearted, noble and generous man, a physician of great tact and energy, a surgeon of remarkable skill and ability and experience, and a man most loved and esteemed where most intimately known and thoroughly understood.

Further remarks by H. J. Herrick, F. E. Bunts, and by Attorney H. C. Bunts, all attesting to Dr. Weed's great worth as a citizen, physician and neighbor.

A series of resolutions were read by Dr. B. L. Millikin, which were adopted.

There was one trait in Dr. Weed's character upon which too much stress cannot be laid; his loyalty and self-sacrificing devotion to his friends. Nothing that lay in his power to do was too much for a friend to ask of him, and he had that rare gift of making a favor extended to another appear as one extended to him. As a friend to the younger members of the profession he stood above any other physician in the city. Always courteous and considerate of their feelings when called in consultation, whatever his own opinion might be, he encouraged them in their work, corroborated or cleared up their diagnosis, and did his best to place them upon the most substantial footing in the confidence and esteem of their patients.

It was indeed remarkable to note how many of the younger men and recent graduates came to him for advice and assistance in the pursuit of their profession. It was a spontaneous tribute to his known love for them. He appreciated keenly their trials and struggles, and his great heart warmed toward them with a paternal love.

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### HYPNOTIC PERFORMANCES REGULATED BY LAW.

Public exhibitions of hypnotism, whether under its proper name or advertised as mesmerism, magnetism and what not, and conducted usually by a traveling lecturer, mountebank or fakir, have often been made in Cleveland and other cities of this country. These exhibitions have excited grave apprehension in the mind of intelligent physicians, who perceive their evil effects, but so far no attempt has been made by the profession here to enlighten or warn the public, or to secure any legislation regulating or preventing the same.

It is not our present purpose to discuss or describe the phenomena of hypnotism or its after effects, direct or indirect. They are perhaps more or less familiar to all our readers, or are set forth in literature accessible to all. But we do wish to direct attention to the fact of needed legislation. We have an example in the Russian medical department, which, in August of 1890, issued a circular stating that "in consideration that public exhibitions of hypnotism cause considerable injury to the health of subjects experimented upon, as well as of spectators witnessing the experiments, the performances being apt to give rise to the development in hypnotized persons of various hysterical, nervous and even mental affections, which may sometimes amount to a genuine epidemic of hypnotic mania; that such public hypnotic entertainments offer to evil-minded persons a good opportunity for studying methods of hypnotizing, and for subsequently practicing them for various immoral or criminal purposes; that generally such hypnotic performances being not accompanied by any rational explanation, can breed in the public only erroneous notions, and even implant superstition, while past

hypnotic suggestions can constitute a source of disturbance of order and the peace of the community by hypnotized persons, and even of committing criminal deeds by the same, the Medical Council has resolved. That henceforward any public *seances* of hypnotism and magnetism are prohibited, and that the application of hypnotism for medical purposes can be permitted solely to medical practitioners, under the condition that the operation is to be practiced invariably in the presence of other medical men." *British Medical Journal*.

The matter has also been taken up by the Chamber of Deputies of Belgium, which has recently adopted the following law:

1. Any one exhibiting a hypnotized person will be punished with imprisonment for from fourteen days to three months, and a fine of from 26 to 1,000 francs.

2. Any one not medically qualified who shall hypnotize a person under eighteen years of age or a person not of sound mind, shall be punished with imprisonment for from fourteen days to one year, and a fine of from 26 to 1,000 francs, even though the hypnotized person be not used for exhibition.

3. Any one who, with fraudulent intention or with intent to injure, shall permit a hypnotized person to write or sign a document containing an agreement making a disposition of property, entering into a contract, granting a release, or containing any declaration, shall be punished with imprisonment. The same punishment applies to any individual who shall make use of any such document.

*Deut. Med. Zeitung, Sept. 22, 1890, quoting Bull. Med. No. 60, 1890.*

In France public exhibitions of hypnotism have been prohibited, and in the army and navy medical departments it has been interdicted.

In view of the slowness and uncertainty of the law in dealing with all matters relating to medical or sanitary affairs, it becomes more imperatively our duty as medical men to instruct and warn our patrons and the public in regard to the evils of participating in or witnessing such exhibitions. It might be long before any legis-

lation could be secured, but in the meantime the intelligent classes at least might refrain from patronizing such reprehensible shows, and, being warned, no one need ignorantly and innocently put themselves in the way of their evil influences.

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### THE RATIONALE OF INFLUENZA.

The following remarks by Dr. Laffont, from the *Medical Press and Circular*, November 19, 1890, Professeur de Therapeutique a la Faculte de Medecine de Lille, will be read with interest: The epidemic which was such a cruel scourge last winter is again appearing, although up to the present in a milder form. It may, therefore, not be without use to consider at the present moment the most rational treatment of this affection, at all times painful, and sometimes, from its complications, serious. This malady is, I consider, a contagious catarrhal affection, in its milder form known to us as "grippe," but from its recent serious epidemic character christened "influenza," a name it will probably retain henceforth. The symptoms of this complaint are manifested invariably by a functional depression, more or less marked, of the whole system, varying from simple lassitude, stuffiness of the nose and slight gastric obstruction, all premonitory symptoms of a large number of contagious diseases, and fortunately often constituting the only symptoms of the malady, which in such cases passes for ordinary "grippe."

In the late epidemic, to these premonitory symptoms succeeded all the characteristics of grave typhoid infection: nausea, fever, muscular pains, delirium, pneumonia, with tendency to suffocation and complete prostration. In the discussions at societies and in medical journals on its etiology, some described it as a simple catarrhal affection, more or less grave, having for cause the influence of the external conditions of the atmosphere, and denied its contagious character, others sought at once for the microbe. In the midst of these etiological discussions, no therapeutic law was propounded, and the medical journals were advocating here aperi-



medicine, antithermics; there, the Vin Mariani (made from the coca of Peru) and tonic medicines; elsewhere, counter-irritation and balsamics were said to do wonders; almost everywhere was admitted the specific effect of sulphate of quinine, or still better salts of quinine, above all, antipyrin. From my own experience, based upon a great number of cases and on myself in particular, I have no hesitation to assert that the method which succeeded the best was essentially eclectic. Thus, at its first manifestation I was able to arrest the development of the disease by administering an aperient (oleum ricini by preference), then causing thoracic revulsion by rubefaction, or even vesication, and by provoking simultaneously a non-depressing diaphoresis, easily obtained by administering several times in the day a grog made from Vin Mariani, one-third wine and two-thirds water, very hot, with sugar, such as has been prescribed by the learned laryngologist Fauvel for hoarseness and loss of voice, "a frigore."

In the presence of influenza in the stage when the patient was completely depressed, very far from ordering antipyrin, which only augments the depression, I found it much more effectual to administer strong tonics, such as generous wines, champagne, whiskey, rum, cognac, tonics physical and moral, such as the preparations of Coca Mariani, Vin and Elixir, at the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself, and observed the same results in patients without that long and tedious convalescence due, as I think, to the weakness caused by the use of antipyrin.

I advice, then, as a rational treatment for influenza and kindred affections: first, gentle purgatives; second, diaphoretics and revulsives; third, strong tonics.

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## MEDICAL PROGRESS.

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### THE PATHOLOGY AND THERAPEUTICS OF PERITYPHLEITIS.

The inflammations of the right iliac fossa appear in widely diverse

lights when viewed from the position of the pathologist, the surgeon, or the general practitioner.

Of the cases having a fatal termination those pursuing a rapid course prevent the signs of an acute septic peritonitis; those having a slower progress show the traces of a secondary general purulent peritonitis, or finally the changes characteristic of a pyæmia, due to extensive abscesses, placed most often outside the peritoneum.

According to the researches of Puchel and Voltz impacted masses of intestinal contents most often give rise to perityphlitis. (In 46 cases Volz found these masses 32 times.) Besides impactions of food and foreign bodies, ulcerations are of great etiological importance. In 112 cases of perityphlitis examined in the Berlin pathological institute, tabulated by Lengfeld, in 24 cases impactions of food, in 4 cases foreign bodies, and in 29 cases ulcerations were held to be the exciting cause. In 459 cases gathered from journals, etc., impactions of food were reported only 179 times and foreign bodies 16.

A review of the literature upon this point indicates that of the fatal cases of perityphlitis five-sixths must be referred to perforation of the vermiform appendix, which perforations in turn are due in half the cases to impactions, and in half to ulcerations. In 218 cases only 29 perforations of the cæcum were found.

According to the experience of Renvers only 4-5 per cent. of all cases of perityphlitis prove fatal. Cure is accomplished by the appendix becoming encapsuled with lymph, perforation occurring, and after absorption occurs the perforation remains closed by organization of connective tissue.

The surgeons of the present time regard perityphlitis as the especial domain of their operative activity. They are influenced to this opinion by the fact that most of the cases referred to surgical consultants are cases of extensive abscess formation in the right iliac fossa, and these should undoubtedly be handled as early as possible by operative measures.

Nevertheless, the majority of cases presenting preityphlitis exudates, proceed to resolution without surgical measures.

Small formations of pus shut off from the peritoneal sac by adhesions of fibrinous character, in the observation of Renvers very often go on spontaneously to favorably gradual reabsorption.

Yet this class of cases is claimed for operative treatment by surgeons, and is the very class in which Lonneburg would do his operation in two stages.

French and American surgeons advocate searching the abscess cavity for the "food ball" or foreign body which has set up the inflammatory process. In view of the statistics given above, and of the fragility of the adhesions, Renvers regards this as certainly dangerous and often in vain.

Resection of the appendix is often of advantage, particularly in recurrences. But the matter appears in a very different light from that of the surgeon and pathologist, when the practitioner watches the course of inflammations in the right iliac fossa.

According to the statistics of the University Clinic and of the German army, 90-95 per cent. of these troubles terminate in cure.

Most inflammatory affections in the iliac region occurring in general practice are referred by the writer to impactions, which irritate the cæcal wall, and then set up a circumscribed peritonitis with threatening symptoms. In such cases the presence from the very beginning of a tumor extending from the iliac region up the ascending colon is of great diagnostic value, for it is never observed in a peritonitis of ulcerous origin. In such cases rapid recovery after use of castor oil confirms the diagnosis. With disappearance of the impaction, the inflammatory symptoms last but a day or two, completely disappearing under suitable treatment for the constipative, which gave rise to the difficulty. Should this condition arise in the course of typhus, dysentery or tuberculosis of the intestine, severe peritonitis follows and may end in perforation into the retro-peritoneal connective tissue, with formation of an extensive abscess, and even metastasis to various organs.

Early drainage of the abscess is demanded, but its formation may be prevented by evacuation of the bowel.

Another class of these cases begins, as the one just described,

gradually, with constipation and pains in the right iliac region, which seems at first of a fleeting character. Suddenly after some exertion, accident, or hearty meal, severe pain sets in, with nausea, fever and prostration. The pain remains localized, corresponding to the position of the appendix, usually close upon Poupart's ligament. After five to ten hours, a small tumor may be detected, the size of a pigeon's egg, extremely sensitive, which, in the next twenty-four hours, increases to the size of a hen's egg. It remains unchanged for ten to fourteen days, usually accompanied with sub-acute fever, increases then in painfulness, and disappears in the next fourteen days, leaving a diffuse resistance to pressure in this region, which resistance is made by the fibrous adhesions due to irritation.

These cases are those of perforation of the appendix, occurring after a chronic inflammation which has caused adhesions, shutting the appendix off from the peritoneal cavity.

If a puncture be made with a hypodermic needle into such a tumor, pus is obtained, which, in experience, is always of putrid odor, contains countless micro-organisms, and presents traces of intestinal contents. Such quantities of pus have been seen in the University clinic by Renvers to be completely absorbed without any interference. Partial withdrawal of the pus by a large hypodermic syringe he considers without danger and often of favorable influence in hastening removal.

If, however, the tumor extends within the first few days over Poupart's ligament, whether fever accompanies it or not, ordinarily it will not be spontaneously reabsorbed, because the quantity of pus is too great. Early operation is demanded in these cases, for there is constantly increasing danger of perforation into the peritoneal cavity. In these cases Renvers makes an exploratory puncture, but only when the instruments are at hand to freely open the abscesses if pus is found. Should the abscess be covered by loops of intestine, Sonnenberg's operation may be indicated, in that it is possible by this procedure to secure more extensive adhesions to shut off the abscess from the peritoneal sac. In most instances the single im-



mediate opening of the sac will prove the simpler and less dangerous operation.

Searching for food-balls and perforations are at least dangerous, and the latter particularly useless, inasmuch as the chronic process has fixed the appendix and closed the opening. A third series of cases present from the start the appearance of a severe sepsis, which is the evidence of a perforation from the appendix into the cavity of the peritoneum.

The signs of a diffuse general peritonitis follow rapidly upon the sudden pain in the cæcal region, and are the precursors of collapse within a few hours. Only opening the peritoneum, removal of septic material and resection of the perforated appendix afford any chance for recovery.

In Renvers' opinion only a small proportion of the cases of perityphlitis which the physician finds, are at all suited for surgical interference. In the great majority of instances suitable treatment with purgatives, opium, rest and diet will bring the patient to recovery.—*Berl. Klin. Wochenschrift*, p. 209. *Renvers' essay in Verein für innere Medicin.* J. P. S.

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## AMONG OUR EXCHANGES.

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Another case of poisoning by a member of the coal tar group, *ecalgine*, reported by Dr. E. E. DYER\*, serves to again caution against using this class of remedies carelessly or without combining them with some other drug calculated to guard against their untoward tendencies. The peculiarity in this case was the small dose given—only two and one-half grains every six hours. Six doses were taken—a total of fifteen grains in forty hours. The symptoms were those of carbolic acid poisoning—olive-green urine passed twice in twenty-four hours; somnolence, thirst, skin hot and dry, but without rise of temperature as registered by the thermometer. There was marked salivation for several days. For-

\*British Medical Journal.

unately the patient recovered. The remedy had been prescribed for a rheumatic neuralgia. Every newly patented remedy of this group comes to us endorsed with the statement of the manufacturer that its exhibition is perfectly safe. This statement is corroborated by a lot of testimonials from gentlemen across the water, the unpronouncability of whose names is a sufficient guarantee of their scientific eminence in the eye of the American Allemanomaniac, to the effect that Their Unpronouncabilities have given this remedy freely with magical results (which are detailed with all minuteness), and without killing anybody as yet. His Gullability on this side the water proceeds to exhibit the remedy as directed and he usually succeeds in killing somebody sooner or later. Whether it be Antipyrine or Tuberculin or Schenck's Pulmonic Syrup, patent medicines are patent medicines, and the ethics of the patent medicine business is the same the world over.

DR. E. C. HOOVED, of Dayton, Ohio, gives an efficient preparation\* for use in the *insomnia* following alcoholic excesses, etc., which is permanent, contains no alcohol, is perfectly miscible with water and can be readily prepared by any pharmacist. His formula is as follows:

<b>R</b> Chloral hydrat.....	
Potass. bromid.....aa	ʒiv
Ex. cannabis ind.....	
Ex. hyoscyami.....aa	grs. xvj
Chloroformi.....	ʒij
Aquæ (bullientis).....ad	Oij

Dissolve the cannabis in the chloroform and add the chloral. Pour the boiling water on this and then add the bromide and the hyoscyamus. When cold filter. A clear amber-colored solution results, containing a dram to the ounce of the chloral and of the bromide, which is in every way as efficient as proprietary preparations like bromidia, chloro-anodyne, etc., and which has the advantage of our knowing just what is in it and how much. In an article on *puerperal eclampsia*,† briefly but thoroughly reviewing the

\*Lancet-Clinic, March 28, 1891.

†Med. Progress, February, 1891.

statistics of that complication of pregnancy, DR. D. T. SMITH, of Louisville, Ky., shows that the treatment by chloral enemata gives by far the largest proportion of recoveries. From 150 to 180 grains of chloral are beaten up with milk and yolk of egg. Sixty grains are given at once and then thirty grains every hour till the whole is given. The next in point of favorable results is the morphia treatment—as much as three grains being given in from four to seven hours if needed to control the paroxysms. On the question of the *induction of premature labor*, his conclusions are of interest as being somewhat at variance with the commonly received opinion. He concludes that “At the very lowest we may calculate upon doing harm in at least seventy per cent. of cases by inducing premature labor, and that without a fair prospect of doing good in any. If labor is on, there appears to be no reason against its being expedited, but *accouchement force*, in the light of both reason and experience, seems to be absolutely without justification, and induced labor of any kind, except in a few obstinate cases of albuminuria.” As a means of prophylaxis, he regards the mild hydrogogues, eked out with bitartrate of potash at intervals, and aided by a milk diet, as wellnigh infallible. Attention is again directed to the value of full doses of belladonna in *rigid os uteri* by DR. M. ASHER of Lithgow, New South Wales.\* He gives twenty or thirty minims of the officinal tincture every hour (equivalent to ten to fifteen minims of the U. S. P. tincture), and finds that satisfactory dilatation usually follows the first or second draught, together with a marked alleviation of the nagging pains. He finds it more readily retained than either chloral or opium and is able to secure relaxation of the tissues without the fatigue and discomfort consequent upon nausea and vomiting. Twenty years ago belladonna was used for this purpose by practitioners in Iowa, and with excellent results. Chloral, which for this purpose, is less reliable than either belladonna or the old-fashioned mixture of tartar emetic and Dover’s powder, owes its reputation largely to PLAYFAIR, and to the fact that the teachers of obstetrics in American medical schools are

\* Australasian Med. Gazette.

still so generally tied to the apron strings of some medical celebrity across the water to whom, notwithstanding the immensity of his ponderous learning, many a sharp Yankee X roads doctor could give hints in practical therapeutics. As a hæmostatic in *menorrhagia* resulting from nervous shock or injury, *hydrastis canadensis* is finding favor among French physicians, thus confirming the reputation that it had early in this country as being of value in the treatment of affections of the uterus, both as a local application and as a remedy to be given internally. DR. JULES BATAUD\* cites four cases of *menorrhagia*, one from nervous shock, two from falls, and the fourth from injury during coition, where the exhibition of from ten to fifteen minims of the fluid extract of *hydrastis*, or a one grain pill of *hydrastin* three times or four times a day, seemed to affect a cure, the *menorrhagia* ceasing in from two to six days and the next period being normal. Some forty or forty-five years ago the late DR. HOWARD, of Rock Creek, O., achieved quite a local reputation in treating women run down with menstrual irregularities by means of infusion of *hydrastis* and tincture of iron, an ounce of the tincture to the pint of infusion, tablespoonful doses. He found that iron and *hydrastis* would be borne where the iron alone would not. Now that BATAUD and SCHATZ and CABANES and PIGACHE across the water have begun to try our experiments over again, and attach the weight of their names thereto, the American profession may pluck up courage to thoroughly test one of its own discoveries and see what there is in it. Further testimony in favor of methyl blue in *inoperable malignant growths* is given by DR. MAX EINHORN, of New York,† who is giving it in capsule, grains 0.2 to 0.3 (grs iij to ivss), by mouth or by rectum, one capsule a day. Marked improvement followed in a case of cancer of the uterus and ovaries; in three weeks the pains and œdema had disappeared, patient had begun to sleep and eat, and the pulse rate had dropped from 120 to 80. These results correspond with what has been obtained in this city by one surgeon, who personally reported his case to me. So far, the evidence seems to be that methyl blue is an efficient palliative, the permanence of its results being still sub judice. L. B. T.

\* Rev. Medico-Chirurg des Maladies des Femmes, Jan 2, 1891.

† Med. Rec., March 21, 1891.



## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio.

PRINCIPLES OF SURGERY. By N. Senn, M. D., Ph. D. Milwaukee, Wis. Illustrated with 109 Wood-Engravings. F. A. Davis, Philadelphia. 1890.

There has been no dearth of works on surgery during the past few years, many of them encyclopedic in character, yet the recent great discoveries relating to the etiology and pathology of surgical diseases has demonstrated the necessity of a modern work on this subject. And probably no one in this country is better prepared to do this work well than Dr. Senn. It requires only a hasty glance at this book to show that it is not a rehash of the works we already have, but is in every respect a modern presentation of the fundamental principles of the art and science of surgery.

We are greatly indebted to Dr. Senn for this work. And this is only another illustration of the fact that all the medical wisdom of this country is not confined to the Eastern slope of the Appalachian system. There are at least a few scientific medical students, practitioners and authors in the wild and woolly West.

We shall look forward with great pleasure for the appearance of the special work on "The Pathology and Surgical Treatment of Tumors," which the author promises in the near future.

ESSENTIALS OF PRACTICE OF MEDICINE, Arranged in the Form of Questions and Answers. By Henry Morris, M. D., with an Appendix on the Examination of the Urine by Lawrence Wolff, M. D. W. B. Saunders, Philadelphia. 1890.

This little volume, the author says in his preface, is intended as an *aid* to the advanced student in medicine who is preparing for his degree, or to the young practitioner in diagnosing affections, or selecting the remedies for them. And it admirably fulfills the purpose intended. These works serve an excellent purpose as long as they do not replace in the hands of the student the larger text books in general use.

SEXUAL NEURASTHENIA: Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous, by George M. Beard, A. M., M. D. Edited by A. D. Rockwell, A. M., M. D. E. B. Treat, Publisher, 5 Cooper Union, N. Y. 1891.

The philosophy of this work is based on the theory that there is

a special and very important and very frequent clinical variety of neurasthenia (nervous exhaustion) to which the term sexual neurasthenia (sexual exhaustion) may properly be applied.

While this variety may be and often is involved as cause or effect or coincident with other varieties—exhaustion of the brain, of the spine, of the stomach and digestive system—yet in its full development it can and should be differentiated from hysteria, simple hypochondria, insanity, and various organic diseases of the nervous system, with all of which it had until lately been confounded.

The long familiar local conditions of genital debility in the male—impotence and spermatorrhœa, prostatorrhœa, irritable prostate—which have hitherto been almost universally described as diseases by themselves, are philosophically and clinically analyzed. These symptoms, as such, do not exist alone, but are associated with other local or general symptoms of sexual neurasthenia herein described. The causes of sexual neurasthenia are not single or simple but complex; evil habits, excesses, tobacco, alcohol, worry and special excitements, even climate itself, are the great predisposing causes.

The subject is mainly restricted to sexual exhaustion as it exists in the male, for the reason that the symptoms of neurasthenia, as it exists in females, are, and for a long time have been, understood and recognized. Cases analogous to those in females are dismissed as hypochondriacs, just as females suffering from now clearly explained uterine and ovarian disorders were formerly dismissed as hysterics.

This view of the relation of the reproductive system to nervous diseases is in accordance with facts that are verifiable and abundant; that in men as in women, large groups of nervous symptoms, which are very common indeed, would not exist but for morbid states of the reproductive system.

#### PAMPHLETS.

[In most cases any one desiring a copy of any pamphlet noticed under this head will doubtless receive it by addressing the author—not forgetting to enclose a stamp and a mention of the GAZETTE.]

*The Care of Our Girls From Birth to Maternity.* By Dr. Jahn D. Myers, Huntington, W. Va.

This is a plea for hygiene management touching practically upon

many important points, expressed in general terms and embellished with poetic extracts and historical allusions from the time of Eve down. He says: "The absurd old *Hall's Journal of Health* (?) doctrine, that you should never eat anything just before retiring, has caused more dyspepsia than imprudent eating ever did." He believes "the cases mentioned in Holy Writ as 'possessed with a devil' were bad cases of dyspepsia, for if that wont put the devil into man or woman nothing will."

The Education of Our Girls From a Medical Standpoint.

Read before the State Medical Society of Michigan by Edward W. Jenks, of Detroit. A thoughtful and suggestive paper upon a very important topic, which should interest not only physicians, but every "lover of his country and his kind." There is nothing in it one cannot cheerfully endorse. We are pleased to see that among the physical exercises that of fencing is especially recommended. It is far superior to any that we know of for the purpose in view.

The Question of Interfering with the Abscesses of Hip Disease. By A. B. Judson, M. D., Orhopædic Surgeon to the out patient department of the New York Hospital. Read before the Orthopædic Section of the New York Academy of Medicine.

Dr. Judson exhibited cases to show the favorable "result which sometimes follows breaking the time honored rule that abscesses call for the use of the knife." He holds that operative interference is useless in the majority of cases of hip disease.

Obligations of the Medical Profession to Society and the Insane. By O. Everts, M. D., College Hill, O. .

This essay urges that special study is requisite to determine the question of responsibility in a given case, and that this study is due from physicians who would fulfill their duties to society and the insane.

Incomplete Inward Dislocation of the Radius and Ulna at Elbow. By Albert F. Stiefel, M. D., Wheeling, W. Va.

A case of this injury is reported and reference made to the other cases to be found in the literature of the subject, with analytical comments.

## NOTES AND COMMENTS.

*George L. Kahn, M. D.*, died of pneumonia after a brief illness at his late residence, No. 377 Scovill avenue, Friday evening, April 17th, at the age of thirty-five.

Dr. Kahn was born near Dejon, France, and pursued his medical studies at Lyons. His thesis on "The Composition of the Blood" was awarded the first prize. After obtaining his degree in 1880 he came to this country and settled in Cleveland, where at the time of his death he had established a large practice. Eighteen months ago he married Miss Meyers, of Chicago. He was a member of the Cuyahoga County Medical Society, and has contributed several valuable articles to the *GAZETTE*. Dr. Kahn not only gave promise of a most useful career, but he had already demonstrated a high degree of ability in the practice of his profession.

*Association of American Physicians at Berlin.* Our Berlin correspondent has informed us of the organization bearing this name, which was effected on February 10th, 1891. About forty American and Canadian physicians were present, and a permanent organization was effected. Dr. Judson Daland, of Philadelphia, was elected president, and Dr. F. Weber, of Milwaukee, secretary. Prof. Miller, Dr. Amos, of Iowa, Dr. H. Douglas, of New York, and the president were elected a committee to draft a constitution. Dr. H. T. Brooks, of New York City, Dr. Louis Frank, of Louisville, Dr. Drystal, of Baltimore, Dr. Neal Mitchell, of Florida, Dr. Marple, of New York, and Dr. Kennedy of Montreal, were elected a committee on information to newcomers and organization of special private courses.

The objects of the association are set forth as follows:

First. The arrangement of medical work and the formation of special private courses so that any desired instruction may henceforth be obtainable at this university.

Second.—The giving of advice to newcomers regarding instruction, lodgings, books, instruments, etc.

Third. The reading and discussion of papers of general interest, and the exhibition of patients, and demonstration of specimens in all lines of work taken up by members.

Fourth. The furthering of mutual ends by a more extended acquaintance of the physicians there.

Prof. Miller offered the dental recitation room of the university, Dorosheen strasse 40, as a permanent meeting room.

Newly arrived Americans and others desiring information will apply to the secretary, Dr. Frederick R. Weber, Chante, Berlin.



*Dr. Anson R. Smart*, professor of theory and practice of medicine in the Northwestern Ohio Medical College, Toledo, Ohio, died March 28th. He was born July 4th, 1841, and will be greatly missed from the profession in Northern Ohio and Southern Michigan. He has been a regular contributor to the *GAZETTE*, his last article, on "Pyrexia," appearing in the February number.

*Congress of American Physicians and Surgeons.*—The meetings of the Congress of American Physicians and Surgeons will be held in Washington from 3 to 6 p. m., September 22nd, 23rd, 24th, and 25th, 1891.

WILLIAM PEPPER,

Chairman Executive Committee.

*The Prophylaxis of Diphtheria* is the subject of an article by Dr. L. Eliot (*Va. Med. Monthly*, Feb., 1891). He claims that the constant vaporization of turpentine in the house where diphtheria is present is an almost infallible preventive of its further spread. He vaporizes the turpentine alone.

In the quarantine wards of the New York Infant Asylum the following formula is used (as quoted by the *Coll. and Clin. Record*):

<b>R</b> Acidi carbolici.....	3i
Olii eucalypti.....	3i
Spirit terebinth.....	3vii—m.

Add two table spoonfuls to a quart of water in a pan with a broad surface, and maintain in a constant state of ebullition or simmering in the room occupied by the patient.

*None Too Skeptical.*—Lawyer—You say the fire occurred on the 26th of March? Can you swear positively to the date?

Jonah Humsted—No, sir.

Lawyer—Why not?

Jonah Humsted—Wal, 't wuz ther 26th by ther almenack, but yer can't believe anything yer see in them pesky patent medicine things. *Puck.*

*A Sectional Diagnosis.*—A young practitioner of this city was recently confronted by that alarming contingency—a first case.

"Doctor," said the first case, and the young practitioner almost fainted with delight when he heard the title, "I'm sufferin' a good deal with a pain in the side. My work takes me across the Viaduct every day, an' I think the walk brings it on."

"Hum, yes, yes," said the young doctor, with a look of the deepest gravity, "the Viaduct; I see. Now tell me on which side you feel the most pain."

"Well, I guess," answered the patient slowly, "I guess I feel it mostly on the WEST SIDE!"

The doctor pulled him through.

"*Robes of Slumber*" is the heading of an article which recently appeared in one of the city papers. The first paragraph is a specimen of much of the newspaper medical science of the day. "The inquiry recently undertaken by medical scientists relative to the proper methods of sleeping is one that cannot fail to interest all, and may in the end produce results highly valuable from a sanitary point of view, and even more valuable as a means of preventing disease and prolonging life.

*Rheumatism, Chorea and Heart Disease*—Meyer publishes an article in the *Berlin Klin. Wochenschrift* upon the relations of these diseases. It is based upon observations made in the children's department of charite under Henoch. During five years there were 1,874 children treated of whom 121 or 6 per cent. were chronic. Of this number, 46 were boys and 75 girls. The age in the majority of cases was between the second dentition and puberty, the youngest being three and one-fourth years. Of all these cases but 11 or 9 per cent. gave a history of rheumatism. In three cases, both rheumatism and heart disease were present. In thirteen cases, heart disease alone was present. The disease recurred in eleven cases. Meyer concludes that chorea is only a symptom which may result from a numerous variety of causes.

Such studies of statistics are unavoidably fallacious. We frequently meet cases of heart disease where the attack of rheumatism had passed unnoticed and unmentioned until inquired about. Then there is a history given of a time, weeks or months past, when the patient had "growing pains." Sometimes the spell of growing was followed by a spell of "nervousness," but this too received no attention till shortness of breath or "weak spells" induced medical advice to be sought and heart disease is discovered.

Although only nine per cent of the cases of chorea gave a history of rheumatism, it is not stated that any other disease was found as frequently associated as this. To that although the etiological relation has been denied, we do not see that anything more definite has been established. We are willing to believe that a great number of cases of rheumatism in children are entirely overlooked.

*An Eclectic Lexicon.* Humor expellers—modern newspaper paragraphs.

Extract of tannin—the schoolmaster's rod.

Low fevers—those which afflict the poor Indian.

Brain Food—something which cigarette smokers have no use for.

An absolute necessity for all sick rooms—a patient.

"Every Man His Own Doctor" companion book to "Every Man His Own Undertaker."

— THE —  
CLEVELAND MEDICAL GAZETTE.

VOL. VI.

MAY, 1891.

No. 7.

ORIGINAL ARTICLES.

CONGENITAL DISLOCATION OF THE HIP, ILLUSTRATED BY THREE CASES.

BY WILLIAM E. WIRT, A. M., M. D., PH. D.

Lecturer on Orthopedic Surgery in the Medical Department of the University of Wooster, Cleveland, Ohio. Late House Surgeon Hospital for Ruptured and Crippled, New York City.

Congenital dislocation of the hip is undoubtedly an affection far more common than is generally supposed. Howard Marsh, F. R. C. S., in speaking of this subject says: "It is far from uncommon and is met with in individuals who are otherwise healthy. \* \*

\* It is, on account of its *reputed* rarity, and the obscurity of its features in many instances, apt to be overlooked or mistaken for some other affection of an entirely different kind."

The writer's particular attention has been recently called to this deformity by having three cases sent to him within a comparatively short period of time.

Numerous theories have been advanced as to the causation of the deformity; the three most worthy of consideration are:

I. That the dislocation is produced by traumatism before, during, or soon after birth.

II. That the dislocation is the result of disease of the nervous tissue, producing on the one hand spasmodic contractions, or on the other, paralyses of the muscles about the joint.

III. That the dislocation is due to arrested development of the joint.

That traumatism, occurring more especially during birth, is responsible for a few cases is undoubtedly true. This has occurred in breech presentations where traction has been made on the lower extremities. But that it is not responsible for the majority of the cases is also true. The inherited tendency which exists in this affection is directly opposed to the traumatic theory.

In regard to the second theory, that of central nerve lesion, the fact that these children do not have spastic contractures and are not usually paralyzed but are otherwise healthy and robust contradicts this theory, or at least makes it reasonably certain that this cause only holds good in a few cases.

The third theory is probably the correct one. Arrested development of the joint is probably responsible for most of the cases of congenital dislocation of the hip.

One of my cases illustrates this theory very markedly— a point which I will endeavor to make clear.

The original pathological condition of the hip joint in congenital dislocations has not been very often observed. This is due to the fact that opportunities for post mortem examinations, shortly after birth, have been very few. The absorptions, new formations and new adhesions which take place when the head of the femur is abnormally located, make it difficult to determine what was the original condition of the joint. Lack of knowledge on this point is accountable for the many theories in regard to its etiology.

The pathological changes found at the time when they usually come under observation are: An acetabulum with a more or less imperfect rim; the rim may be entirely wanting, and even the site of the acetabulum may be indefinite and uncertain. The head of the femur may be entirely absent, or it may be normal, though there is usually some grade of abnormality present. The neck of the



femur is shorter and more horizontal than is usual. The ligamentum teres is generally stretched, and when it helps to sustain the body weight becomes much hypertrophied. The capsular ligament may be found loose and unrecognizable, or, when it has sustained weight, thickened and stretched. The usual form of dislocation is upward and backward on to the dorsum of the ilium; sometimes, though rarely, the dislocation is forward. Above and behind the true site of the acetabulum a new growth of bone may be found forming an upper rim to the new socket. New attachments are formed by the capsular and teres ligaments.

The pelvis is supported by the teres and capsular ligaments, by the new acetabulum, the peri-trochanteric muscles, and even the psoas and iliacus may assist in the work, the amount borne by the different parts varying in different cases.

The point of suspension is posterior to that of the normal hip so that anterior bending or lordosis of the spine takes place. In the few cases in which the dislocation is forward, lordosis is entirely wanting.

Congenital dislocation of the hip is much more frequent in the female than in the male, in the proportion as given by some authorities of five to one. My experience would lead me to think that this disproportion between the sexes, as given above, is too great. According to the last report of the Hospital for Ruptured and Crippled, New York City, there were in twenty cases, nine males and eleven females. No satisfactory explanation for this disproportion has ever been given. Dupuytren makes the assertion that females are more liable to malformation than males; but of course this is no explanation.

Dislocation of both hips is more common than either right or left alone, which latter dislocations are about equal.

The affection will probably remain unnoticed until the child begins to walk, though observing parents often discover that something is wrong before this, especially if it is a single dislocation, in which case, one limb being shorter than the other, will attract attention.

These children begin walking at a later period than that of the perfectly developed child, the delay being frequently as late as up to the third year and even longer; though on the other hand they may learn to walk at nearly the usual period.

The walk of these children is very characteristic in the typical cases. It is a wabbling or duck-like movement in which at each step the hips are thrown from one side to the other. In running the gait very much resembles that of a cow and is about as awkward. In single dislocation the waddling is not so great; it then becomes a marked limp.

In standing the most noticeable abnormality is that of anterior incurvation of the spine or lordosis. This lordosis is usually present but not always. The trochanter is noticeably prominent; this is especially marked if the dislocation is single, in which case the contrast between the normal and dislocated hip becomes very apparent. If the dislocation is unilateral, one leg being shorter than the other, a tilting of the pelvis will be observed.

To make a thorough examination the child should be stripped. The child is made to walk and run across the room several times, to pick up articles off the floor, etc., whereupon the waddling gait, the lordosis, the prominent hips, and if unilateral, the tilting pelvis will become at once apparent.

The child then placed on a lounge or table and a careful physical examination made, the other diagnostic points can be readily made out.

If the case is one of unilateral dislocation a difference in the length of the two limbs will be found, and may be determined by measuring from the anterior superior spine to the inner malleolus for each limb. In a double dislocation this measurement may be the same for either limb, though not necessarily.

On manipulation the head of the femur may be moved about, frequently over quite an arc, and by steady traction the length of the limb may be increased by an appreciable amount.

Movements of the limb may be nearly normal, that of flexion and extension quite so. The movement usually restricted is that of ex-

ternal rotation, which is due to the dislocation being upward and backward, the head of the bone preventing complete external rotation.

Crepitation is frequently found; this may be tendinous or bony.

But the most important diagnostic point is the relation which the great trochanter bears to Nelaton's line. Nelaton's line, as we know, is a line passed from the tuberosity of the ischium over the outside of the hip to the anterior superior spine. In the normal hip the trochanter is found directly on this line, or in some cases very slightly below it. In the dislocated hip this relation is disturbed. In a very large per cent. of these cases the trochanter is found distinctly above this line, frequently as much as an inch or more. In adults it may be as much as three inches above this line.

In those cases in which the deformity is of a mild grade and where the symptoms are more or less obscure, the diseases with which it may be confounded are: Infantile paralysis, acute arthritis of infants (results of), rickets and hip disease.

In infantile paralysis the great laxity of ligaments, and the paralysis itself, may produce such a gait in the child as to simulate congenital dislocation, and indeed the laxity of the ligaments may permit such a dislocation. But in those not dislocated the trochanter will be on Nelaton's line, the limb will be cold and wasted, the reflexes absent, and all the joints of the limb lax.

In a hip joint destroyed by acute arthritis we have the history of a very acute attack of inflammation in the joint; we find scars the result of discharge of pus from the joint, or from the surgeon's knife in letting it out—points which easily differentiate it from the congenital affection.

In rickets the child walks with a waddling gait, and in many cases stands with the spine considerably lordosed. But the position of the trochanters on Nelaton's line and the diagnostic points of rickets, beaded ribs, enlarged epiphyses, etc., will leave no doubt in the mind of the surgeon.

Congenital dislocation of the hip has been treated as a case of hip disease; but why this is so is hard to understand. The position

of the trochanters, the lack of pain, of muscular spasm and rigidity are points which ought to be hard to overlook.

In regard to the three cases which I have to report I find that collectively they illustrate several points. Two of the three cases were female children, thus illustrating the point that the affection is more common in girls than in boys. One case of the three was a double dislocation, which is not far from the proportion of the double to the single dislocations. Of the other two one was a right and the other a left dislocation, which calls attention to the fact that both hips are about equally affected.

Case one, a girl about seven years of age, from out of town; referred to me by attending physician.

The diagnosis of infantile paralysis had been correctly made, but the extreme anterior bending of lower part of spine (lordosis), as well as the peculiar walk of the child, had not been accounted for. The child wore "long springs" or braces for weak ankles, resulting from the paralysis.

On stripping the child and having her walk and run across the room, the symptoms of very marked lordosis, wabbling gait and prominent hips, became very apparent. By a further examination I was able to diagnose double congenital dislocation of the hips from the following additional symptoms:

I. The trochanter majors were from three-fourths to one inch above Nelaton's line.

II. On manipulation, a distinct tendinous crepitus, amounting to a jerk, was readily discernable.

III. Full rotation, especially outwards, was interfered with, causing pain if carried to extreme positions.

IV. On manipulation, the head of the femur was not found as fixed as in a normal hip.

V. By a steady pull the limbs could be lengthened by an appreciable amount, possibly three-fourths of an inch. When relaxed limbs were of the same length.

Case two, female child, sixteen months old, referred to me by attending surgeon. Child could not walk, and when supported



standing, one foot was raised from the floor, only the toe touching. The parents had first noticed that one hip was more prominent than the other when it was about four months old. On examination I found that the left hip was distinctly more prominent than the right one. The limb was three-fourths of an inch shorter than its fellow. The trochanter major on the left side was three-fourths of an inch above Nelaton's line, while on the right side it was on the line. By continued traction the limb could be lengthened fully half an inch. The diagnosis was a positive one of left congenital hip dislocation.

Case three. This case referred to my clinic, was a male child seven months of age, and was an exceedingly interesting one, not so much from its having a hip dislocation as from its being exceedingly deformed. The condition of the child having a bearing on the etiology of congenital dislocation, I will give a somewhat extended description of it, and will quote from my notes taken at the time.

"The child has double club foot, double club hand, imperfect development, and imperfect and incomplete action at the following joints, viz.: Both knees, hips, shoulders, elbows and wrists, and of course the double club foot makes imperfect action at ankle joint. So that in this child there is not a perfect joint in either the upper or lower extremities, excluding the phalanges. The feet are in extreme talipes equino-varus. The legs are held extended at the knees and can only be flexed through an angle of about thirty degrees. Obstruction at both knees seems bony and ligamentous. The shape of the ends of the bones at the knees are abnormal, being smaller than they should be and irregular; the surfaces of articulation are in abnormal planes as shown by the fact that the legs flex in a plane backwards, and thirty degrees outwards, instead of directly backwards. Flexion beyond a small limit causes a crackling noise distinctly audible. The left patella is rudimentary. The thighs are held semi-flexed; they can be moved through about one-third the normal arc. Obstruction seems bony and ligamentous and not muscular or tendinous. The right limb is shorter than the left and on that side the trochanter major is

three-fourths of an inch above Nelaton's line. There is evidently a congenital dislocation of the hip on the right side."

A description of the condition at the shoulders and elbows would be somewhat of a repetition, the principle difference being that the obstruction at the shoulders was more muscular and less bony than at the hips and knees. The pectoral muscles were strongly contracted.

We have very little to account for this condition of the child. The mother and friends state that during the fourth month of pregnancy she had a very severe fright, caused by the discharge of fire-arms during the middle of the night. Her relatives are healthy and none are deformed. She has one other child, which is perfectly healthy.

The presentation at birth was the breech; the labor was tedious, and there was suspended animation of the infant. The head was large, unsymmetrical, and had a depression on one side. The child was very much emaciated and seemed in great pain for four months (thought to be in the head by parents and attending physician), during which time it was very irritable. For last three months the child has been picking up very much. Its intelligence, considerably below par at first, has lately improved and is now said to be only slightly below par.

We have here a child with marked tendency to undeveloped joints, and with it congenital dislocation of the right and possibly the left hip, but in the left the symptoms were not marked enough to make a positive diagnosis at the time.

This case, then, upholds the theory of the undeveloped joint as the cause of congenital dislocations. It would seem that this tendency to undeveloped joint first manifests itself in the hip, the most complex joint, and where the tendency is more marked it is found also in the lower order of joints.

The treatment of congenital hip dislocation has always been more or less unsatisfactory. A perfect cure is seldom obtained; relief from the severe symptoms being the usual result of treatment.

Dr. Buckminster Brown, of Boston, has obtained the most satis-

factory result of any case reported. In his patient, a child four years old, he brought the femora down to the proper position by traction in bed. The child was kept in bed for thirteen months, the trochanters held in position by pulleys. Passive motion was continued during part of the first and all of the second year, the child being supported by a wheel crutch during the latter period. The cotyloid cavities developed, and action at the hip was perfect at the end of two years and three months.

The danger of treatment by traction is that after having, by means of pulleys, brought the trochanter down to proper position, the parents will become discouraged and give up treatment long before a new articulation will have developed; in which case, the ligaments having been lengthened, and adhesion broken up by traction, the joint will be relaxed and in a worse condition than when treatment was begun.

Fixation by means of pelvic bands and corsets has been in continuous use for many years with more or less success, and though proven to be not a perfect method of treatment, by any means, yet they have often given desired relief.

Under an anesthetic the limb may be brought down to the proper position and fixed in plaster of Paris and the child allowed to get about by the use of crutches. The plaster should be renewed as often as found necessary. Successful results have been claimed for this treatment.

For my own part I do not believe that plaster of Paris will hold the limb in the corrected position obtained under an anesthetic. To do this, traction would have to be continued, and I do not believe it possible to obtain traction by the use of plaster of Paris.

In single dislocation of a mild grade the simple building up the shoe on the affected side will often be quite satisfactory.

Operative measures have been suggested and tried.

One method is to excise the head of the bone, then to nail the femur to the pelvis at the site of the acetabulum.

Another method is that of chiseling out an acetabulum and to make a capsule out of periosteum.

Congenital dislocation of the hip is an affection, then, the treatment of which has been very little advanced, and is, therefore, a field open to experimentation.

353 Prospect Street, Cleveland, O.

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### SOME CASES OF EMPYEMA.\*

BY W. H. BEGG, M. D., COLUMBUS GROVE, O.

We shall not enter into details to any great extent in presenting our cases, but will try to be as brief as is consistent with giving a clear outline, so as to be able to be well understood; also to do that which is too seldom done, include all our cases that proved fatal. For

“He either fears his fate too much,  
Or his deserts are small,  
Who dares not put it to the touch,  
To gain or lose it all.”

Neither shall we attempt to discuss all the modes of treatment in vogue, nor enter into a general discussion of the whole subject, but relate our cases as they were, and subjoin a few remarks in a general way.

Case first, male, aged twenty-one, was attacked with diffuse peritonitis on January 19, 1888, which ran about the usual course, and he was discharged as well on February 7, being at this time able to go about the house. February 13 he had a severe rigor followed by profuse sweating; the sweating continued by spells for a few days, when it was discovered that the right side of his chest was filling very rapidly, and the usual internal and external remedies were tried and very precious time lost, in the endeavor to cause absorption. February 24 we suggested aspiration, which was promptly refused, but as it became evident to those in charge, as well as to himself, that something must be done or he could live but a few hours, we were permitted to aspirate on March 7; this was repeated on the next day, removing one quart the first day and a little

\* Read before the Northwestern Ohio Medical Association at Lima, O.



over two the second. All the symptoms were immediately relieved but returned in a few days, and the aspirations were repeated on the 14th, 18th and 29th. On the latter date an incision was made in the seventh intercostal space just posterior to the axillary line; from this time, as fast as a pus accumulated, it was discharged, until it had almost ceased, and for a few days he gained strength and appetite sufficient to go about the house again. But on April 12 the discharge became bloody in appearance and fetid, and he died on the 15th, apparently of gangrene of lung of the affected side. (No post mortem.)

Case second, Laura L., aged thirteen, was presented to me for examination on March 7, 1889, with the following history: In the latter part of the preceding December she had been treated for pneumonia, and in about ten days discharged as well. But in a few days she again applied to her physician and was again treated by him from January 20 until March 7 for tuberculosis, when she fell into my hands. An examination found the right side of chest completely filled with fluid, which the hypodermic needle proved to be pus. I at once made an opening one and a half inches long in the sixth intercostal space in axillary line, and inserted two drainage tubes just long enough to reach through, but before inserting them, they were thrust through a piece of adhesive plaster four inches wide by twelve long, and the ends of the drainage tubes secured with small safety-pins. On the fourth day they were removed, the plaster being secured first to the side, cleaned and replaced as before. One tube was removed on the 15th and the other on the 30th. The discharge had almost ceased and the tubes were causing irritation; and at the end of fifty days she was discharged well, and has remained in good health ever since; but the lung has not fully expanded.

Case third, male, aged fifty, began to fail in health, and had cough and expectoration in October, 1889, but gave it no special attention till about the middle of January, when he had an attack of "la grippe," which left him in very much worse shape than before the attack. February 1, I discovered that the right plural cavity was filled with fluid, and, on the 13th, drew from it three

quarts of pus with an aspirator; all efforts to persuade him to have an incision made were unsuccessful, and Playfair's method was resorted to by passing a No. 5 hard rubber catheter through a canula and then removing the canula, leaving the tube in position. To this I fastened a nursing bottle, nearly filled with a saturated solution of boracic acid; but it soon became loose and the siphon action ceased—also was so annoying to patient that it was removed, and tapping was again resorted to on the 18th, and at short intervals till April 18, when I made an incision in the seventh intercostal space, just anterior to the axillary line, then treated him same as case No. 2; discharge decreased very fast but it was necessary to remove drainage tubes and leave them out for several hours at a time on account of irritation to the ribs. Before making the opening, symptoms of tuberculosis developed in the left lung and the patient died on June 13, two months after opening the chest and when the discharge had practically ceased.

Case No. 4, male aged nine years on October 3d last, was brought to my office on account of the mother having discovered that the left side of his chest was larger and did not appear as emaciated as the other side, also that his heart was too low. He had had a sick spell nine months previous of which I could get no very clear history, except that he had been failing in health since, had cough and occasionally pain in his side. I at once resorted to treatment as in case No. 2, with the results about the same, although there is yet a little discharge each day.

In the two fatal cases the pleural cavity was washed frequently with saturated solution of boracic acid by reversing the aspirator, and I am fully convinced that harm was done by it. In the cases that recovered there was no washing, simply thorough drainage. Two drainage tubes were used so as to insure perfect drainage, one with sufficient caliber will as a rule be infringed on by the ribs, while two or even three can be placed side by side without any bad effects; or a flat tube, perhaps, would serve the same purpose.

The diagnosis is very readily made when once there is a suspicion aroused; for in the hypodermic needle we have a *safe* and

sure means of deciding upon the presence and character of the fluid. If the first attempt is a failure the needle may be inserted at different points until you are certain of either the presence or absence of pus. The admission of air has no bearing on the successful termination of any case, as it is impossible to have thorough drainage without admitting it. Playfair's method, tried in one of my cases, may do well under some circumstances, especially where the fluid contains only a small amount of pus, but its disadvantages are that the tube soon becomes loose, air enters the chest and the siphon action is at once put a stop to; that the drainage tube is necessarily small and will get stopped with clots, and in my hands has proven very annoying and irritating to the patient. Aspiration alone will sometimes cure, especially in young children. At least cases are reported of that kind, but in following this method we are subjecting our patients to delay that, as a rule, proves serious, that it requires a number of aspirations which will be more severe than the free incisions. It is even claimed that children occasionally recover by spontaneous absorption of the pus; but how are we to select cases! To wait is in most cases to stand idly by and let the patient die. Adults will not recover without a free opening, either spontaneous or by operation; opening the pleural cavity with proper precautions is scarcely more hazardous than opening any other abscess. It would, therefore, seem unwise to follow any other method that is just as painful and fully as difficult to carry out, and with far less hope of doing any permanent good.

I believe I am fully justified in saying that had I been permitted to make a free incision early in one, at least, of my fatal cases, the result would have been different. The cases requiring removal of a portion of one or more ribs are very limited, yet there is no doubt but they exist. If, while the drainage is going on, the chest wall retracts in such a way as to bring the ribs so near that they impinge too nearly on the drainage tubes, or perhaps shut off drainage completely, then there is but one alternative; that is, remove a portion of the rib. Whether this permits more rapid contraction of chest walls or not we will not attempt to demonstrate here. One thing



it does that needs no argument—insures good drainage, the sheet anchor in the treatment of suppurative pleurisy.

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## THE TREATMENT OF LACERATED AND CONTUSED WOUNDS.\*

BY G. W. CRILE, A. B., M. D., CLEVELAND, OHIO.

Lecturer on Histology and Minor Surgery in the Medical Department of Wooster University.

Every solution of continuity of the soft parts, unless an unbroken skin intervenes, should be given the benefit of the doubt as to its infection, and treated as an infected wound. If it requires genius of details to secure uniformly aseptic wounds in the surgical amphitheatre, what can we expect in accidental wounds received out of the amphitheater in the presence of filth and infection? In emergency surgery there is as much reason to employ antisepticism, as there is reason to believe that certain agents are capable of destroying certain micro-organisms.

Nearly every wound under four or six hours old may be rendered aseptic by the proper application of antiseptics. To the patient there is no danger in the most powerful antiseptics or germicides judiciously employed, while the strongest safeguards against septic complications are thereby given.

In the majority of cases the victim is a laboring man, and the injury is of the hand or the foot, always unclean, often filthy. With soap and brush, gross dirt is removed. It is unnecessary and often too painful to remove the last vestige of the persistent oil, grease, etc. This material may be rendered harmless by the germicidal solution.

If the injury is of the foot or hand, the member should be immersed in toto in a 1-3,000th solution of bichloride of mercury for full five minutes. If granite ware is not at hand, a wooden or a tin pail—anything that will hold water—may be used as a receptacle for the solution in which the immersion may be made.

\* Read before the Cuyahoga County Medical Society.



If the wound is extensive, the crushed parts should be manipulated so that the solution will reach and fill every recess of it. During this time the hands may be prepared, instruments and dressings arranged and details perfected.

If operative procedure is necessary, the member should again be immersed just before the wound is dressed.

The next question is, How much can be saved? So far as soft parts are concerned, if there is not a pulpification and the blood supply is not entirely cut off, they will probably live. As to bone, enough should be removed so that there may be a covering of soft tissue—not necessarily integument. As to tendons and nerves, if severed, they should be snipped off high up. As to integument, if it is not pulpified, and is not cut off from nutrition over wide areas, give it an opportunity to survive. With scissors or scalpel the wound should be revived by snipping of shreds of mangled tissue, tendons, nerves, etc., and the integumental margins neatly trimmed—thus soliciting a primary union. It is well to bear in mind that wounds caused by machinery in rapid revolution, or by a wheel of a railway carriage at a high rate of speed, are more extensive and more destructive than a superficial examination indicates. Frequently a limb sustains an injury demanding amputation, yet the skin is unbroken, and the contour not much disturbed.

In lacerated and contused wounds sutures, if any, should be interrupted, only as many as are needed to hold the parts in ordinary apposition. Where approximation by means of bandages is possible sutures are useless. A gauze bandage well applied will answer for nearly all scalp wounds. As to suture material, the question is not so much as to kind as to quality. Silk where tension is great, in other instances whichever is most convenient. It is safer to purchase the raw catgut and prepare it yourself, as much that is on the market is not well prepared. The beautiful, round, smooth gut is defective in strength, since this finish is obtained by sand-papering, leaving weak points.

As a rule, when sutures are used the wound should be drained. When no sutures are used, drainage is scarcely necessary. Per-

forated, pure rubber elastic tubing is most convenient and reliable. If at the end of the third day there is no tension nor inflammation, the tube may be removed.

Wound dressing should receive attention. After dusting on iodoform or boracic acid, a bichloride gauze-cotton dressing, extending far beyond the field of injury, enveloping the entire limb at a safe distance above the injury. Strips of gauze should be placed between the toes or fingers to absorb moisture, thus preventing the formation of a culture soil for development of micro-organisms.

If asepticism be attained in the first dressing, the after-treatment is simple. There will be some darting pain and unrest the first night. In such wounds there will be no pus, no pain, no inflammation, no swelling.

The first dressing will usually be partially saturated with oozing of blood and serum. This dressing should be changed on the second or third day and the drain-tube removed; the wound requires no further attention until it is well. This applies to cases in which flap adjustment is perfect.

In the case of open contused wounds that do not unite by first intention, the dressings should be changed every second or third day. These wounds do not necessarily suppurate; they usually do not. The contused tissue will be absorbed or will reorganize. In changing the dressings it is not usually necessary to moisten the wound; simply absorb the serum with a piece of gauze, dust on the powder and apply the dressing.

A good proportion of lacerated and contused wounds will unite by first intention if properly solicited. Compound fractures unite almost as readily as simple. Compound dislocations rarely demand resection or amputation.

If from any cause the wound inflames and becomes painful, apply a bichloride, 1-7000th moist dressing. If there is redness and swelling make multiple small incisions over such surface and apply the moist dressing. If the wound becomes covered by an undesirable scab apply moist dressing—the following day the surface is easily cleared.

If the progress of repair is arrested, and the wound does not look healthy, bichlor-fountains may set it right. Pressure by means of a gauze bandage facilitates repair. If the granulating surface is large it should be protected by oiled paper or gutta percha; skin grafting is frequently resorted to with advantage.

In treatment of these cases we must not be unmindful of surgical therapeutics. There is a sudden transition from active physical exercise to an enforced repose.

Unless specially contraindicated it is a good routine practice to administer a brisk saline cathartic, howsoever insignificant the wound may be.

Sometimes the wound will be tardy in repair, with its surface glazed over with an unhealthy coating, the wound may be said to be bilious—a cholagogue may set matters to rights. In anæmic subjects there may be present a condition of low vitality that is difficult to manage but by constitutional treatment. Chalybeate tonics, and cod liver oil often have a happy effect.

The temperament of a patient may cut an important figure in the repair of wounds. If very nervous, and inclined to insomnia, rest must be secured by bromides, or opium, or both.

Again, a case may be progressing admirably, when suddenly the prognosis is clouded by the advent of traumatic delirium. Opium, chloral, bromides in physiological doses are indicated. This delirium is usually consequent upon an antecedent alcoholic habit. Some times the return to stimulants causes a decided improvement.

There is a practice in vogue that seems to me to be productive of much mischief—I refer to the closing of wounds with adhesive plaster. Since no safeguards are thrown around the wound, sepsis as a rule follows. Since the adhesive plaster shuts off the avenues of escape of the ptomaines, they are consequently forced into the circulation, causing septic inflammation, diffuse suppuration, septi-cemia—one or all.

To illustrate, I will briefly give the clinical history of several cases.

A railway brakeman received a lacerated and contused wound of

his middle finger three-fourths of an inch in length, implicating the soft parts only. Within half an hour after the injury was received the wound was dressed by a local surgeon, who applied an adhesive plaster, extending beyond the limits of the wound. Eighteen hours later he reached Cleveland and reported to my office. The finger was swollen, exceedingly tender and painful. He had had rigors and elevation of temperature. Pain extended up the arm. I dressed the wound anti-septically with moist bichloride gauze dressing. Free incisions were made, yet it resulted in burrowing of pus along the tendons into the palm, leaving ankylosis of two joints of the finger—a trifling matter to the surgeon, but a serious loss to a manual laborer.

In another case a druggist treated a wound of even less significance in a similar manner. I saw him after palmar abscess had developed. With free incision, and bichloride fomentations, the process was controlled. The result was the loss of ten weeks' employment, and ankylosis of the entire finger.

In another case of a lacerated and contused wound of the wrist, implicating slightly the os magnum, treated by the plaster, salve, and poultice method, the suppuration of the palm, wrist, and lower third of the forearm, with necrosis of the entire bony structure of the corresponding area followed. Pyæmia supervened—there being infractions in the lungs, in the tarsus of the left foot, and the corresponding ankle joint. The temperature was 105, pulse 150. Amputation at upper third of arm was made, the ankle joint was laid open, washed out and drained, free incisions were made over various parts of the foot, and antiseptic fomentations applied. He made a good recovery with ankylosis of the ankle and the loss of the forearm.

Such examples might be multiplied. There is another practice that seems to me ought to be discouraged—the application of poultices to open wounds. If wounds are carefully revived and antiseptically treated, there is scarcely any occasion for sloughing and suppuration. It would seem too expensive to the economy to invoke the aid of suppuration. If there should arise an indication



for moist heat, antiseptic fomentation answers every purpose of a poultice with the advantage of conserving the tissue by avoiding suppuration, if not already instituted, and, if it is present, it will modify if not entirely check its course. Certainly a sour, filthy poultice must offend the sensibility of any patient, howsoever uncultivated his senses may be.

The material for this paper is drawn from five hundred cases treated in two years past, in wounds varying in importance from a simple lacerated and contused wound of a finger to compound fractures of the extremities.

There is a sharp contrast between the behavior of aseptic and the behavior of septic wounds. The greatest safety and best results are found in antisepticism. Every wound, in the absence of positive knowledge to the contrary, should be treated as an infected wound. Cleanliness is essential, but not self-sufficient.

The details of treatment are necessarily abbreviated and imperfectly set forth to keep within the limits of the time allotted me on this program.

380 Pearl Street.

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## CORRESPONDENCE.

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### LONG ISLAND COLLEGE HOSPITAL.

Editors MEDICAL GAZETTE:

I mail you herewith the announcement of the Long Island College Hospital for 1891.

May I ask you to call attention to the following changes.

1. The regular course of lectures will hereafter be six months in duration.

2. Three courses of lectures will be required for graduation.

3. Joshua M. Van Cott, Jr., M. D., has been appointed Professor of Histology and Pathological Anatomy, vice Frank Ferguson, M. D., who has resigned.

4. The medical class of the present year numbered 250; the graduating class, 82.

5. 20,830 patients were under treatment in the hospital and dispensary during the year 1890.

I am, Very Truly,  
Brooklyn, May 8, 1891.

J. H. RAYMOND, M. D.,  
Secretary of Faculty.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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TWO DOLLARS PER ANNUM IN ADVANCE.

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Vol. VI. begins with November, 1890. Subscriptions can begin at any time.

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Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number. addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### AMERICAN MEDICAL ASSOCIATION.

The forty-second annual meeting was held at Washington, D. C., May 5, 6, 7 and 8, 1891, at Albaugh's Opera House. The meeting was called to order by Dr. D. C. Patterson, chairman of committee of arrangements. After prayer by Rev. Dr. S. M. Newman, the chairman introduced John W. Ross, who delivered an address of welcome, after which Dr. Patterson welcomed the members and introduced Dr. W. T. Briggs, of Nashville, Tenn., who said that medicine was the true connecting link between science and philanthropy. He urged that more science and less business be transacted in the general meetings of the association, and that a sec-

tion for original research be organized. Dr. Briggs then spoke of the usefulness of the journal of the Association, and of its superiority over the volume of transactions formerly issued; but it must be admitted, he said, that it has never come up to the ideal standard of excellence that such a publication ought to maintain. In order to attain this excellence money was needed, and he thought that at least \$75,000 or \$100,000 should be raised in order to provide a sufficient income. Next to the question of finance was that of editorial management. The editor should be a learned physician and one experienced in editorial work, who could devote his entire time and attention to the paper. He should have absolute control of the journal, and should be empowered to spend money liberally in order to secure the most valuable contributions to medical literature from all sources. To such an editor an annual salary of not less than \$10,000 to \$15,000 should be paid. Every member of the organization ought, in words of General Jackson, to "swear by the Eternal" that the journal of the American Medical Association shall be equal to any similar periodical published anywhere in the world.

The report of the trustees of the journal was then read. The trustees had recommended that the publication office of the journal be removed from Chicago to Washington, but had thought best to ask the members to express their opinions on the matter through the columns of that paper. These opinions had been so overwhelmingly in favor of keeping the office where it is, that the trustees had acquiesced and would recommend no change. The discussion had brought out expressions of bitter sectional antagonism, which had to be deprecated; yet it had resulted in good to the journal, and in reawakening the interest of the members, which had begun to grow cool.

Dr. Gihon, of the Rush monumental committee, reported progress—very slow progress—so slow, indeed, that instead of the seven years that the committee had been at work, seventy times seven would be needed before Dr. Rush's memory could be perpetuated in imperishable bronze.

Dr. L. D. Bulkely, chairman of the section in dermatology and syphilography, said that he had been working four years to organize the section, but hitherto there had been no attendance. This year he could not find his secretary, had been able to secure but two papers, did not know where to look for members of the section, and thought they had better give it up. It was moved later that two members of each of the living sections be appointed a committee to reorganize the section on dermatology, and to improve the other sections.

A communication was then read from the Medical Society of West Virginia, asking for counsel in regard to the treatment by the body of the profession of the surgeons in the employ of railways, and for a decision of the question as to how far their conduct was in conflict with the code of ethics. It was claimed that railway surgeons gave their services to rich corporations, taking passes in lieu of fees or other emolument, a proceeding derogatory to the dignity of the profession; and also that they always assumed entire and sole charge of every case of railway injury, to the prejudice of the family physician or other attendant who may have been first called. The communication also directed attention to the fact of a contract being made between the railway company and the surgeon, asking why it was not equally permissible to make a contract for medical attendance with private families or individuals. It was moved to refer this communication to a committee composed of one member from each state, which should consider the points raised therein and report at the meeting of the association in 1892. An amendment to this motion was made to the effect that the committee should be composed of two members from each state, one of whom should be a railway surgeon. The amendment was voted down and the original motion then passed.

A committee was appointed on motion of Dr. C. L. Reed, of Cincinnati, to consider a subject of a Pan-American medical congress, to be held in the United States, at Chicago, in 1893.

The trustees of the journal reported that the weekly circulation of the journal was a little over 5,400 copies. No editor had yet



been appointed. The publication will remain in Chicago, and the trustees advised that a building for the permanent home of the journal be erected as soon as there was money enough in the treasury.

The report of the nominating committee was then read. President, H. O. Marcy, of Boston; First Vice-President, Willis P. King, of Missouri; Second Vice-President, Henry Palmer, of Wisconsin; Third Vice-President, W. E. Davis, of Alabama; Fourth Vice-President, W. E. Taylor, of California; Secretary, William B. Atkinson, of Philadelphia; Treasurer, Richard J. Duglison, of Philadelphia; Librarian, George W. Webster, of Chicago; Trustees, W. W. Dawson, of Cincinnati, W. W. Potter, of Buffalo, and J. H. Rauch, of Illinois.

Detroit, Mich., was selected as the next place of meeting.

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#### REPORT OF CLEVELAND'S HEALTH DEPARTMENT.

The eighteenth annual report of the Health Department of Cleveland, for the year ending December 31st, 1890, has been received.

The health officer reports "from January 1st to June 1st, the number of deaths reported was 794 in excess of the average for these months during the last ten years. An interesting fact, illustrating the great depression of vital forces associated with this epidemic (influenza) of 1889-90, was the large number of deaths reported as resulting from 'heart failure.' Inquiry among our physicians elicited a concurrent expression of opinion that many deaths occurred from causes not well defined and usually recovered from, and which could be accounted for by no other term than 'heart failure.'

"An increase in the number of cases of *typhoid fever* reported was observed in June; and following as it did a prolonged supply of muddy water, an apprehension was felt that some relation existed between the two events. This apprehension has not been entirely dispelled by the course of the disease in the community since that time. There is certainly reason to fear that the virus from the typhoid fever cases in our city may find its way to the lake and thence to

the inlet tunnels and pipes of the city's water supply. Other substances which are carried by river and sewers to the lake certainly come back to us in this way, and why not the virus of infectious diseases? Especially is such a danger present when a large number of cases are in the city."

The total number of deaths reported from all causes was 5,058 against 4,414 during the preceding year. The annual death rate per thousand, computed upon a population of 265,000 was 19.08.

The total number of deaths reported from zymotic diseases was 1,292, equal to an annual rate of 4.95 per thousand living inhabitants.

This was twelve less than was reported from zymotic diseases during the preceding year.

The principal causes of death from zymotic disease were—croup and diphtheria 271, scarlet fever 30, measles 88, whooping-cough 50, small-pox none, typhoid fever 182, diarrhoeal diseases 433, malarial fever 22, pyæmia and septicæmia 69, and alcoholism 14. Compared with the preceding year, the deaths from measles, whooping-cough, diarrhoeal diseases and pyæmia and septicæmia were increased, while the deaths from croup and diphtheria, typhoid fever, malarial fevers and alcoholism were decreased.

The deaths from constitutional diseases numbered 696, an increase of 49 over the preceding year. Of these 111 were from cancer, 423 from phthisis pulmonalis, and 120 from marasmus, scrofula and tabes mesenterica.

The deaths from local diseases numbered 2,355, an increase of 568 over the preceding year. Of this number 859 were from lung diseases, 202 from congestion of the brain and meningitis, 91 from paralysis, 440 from convulsions, 225 from heart disease, 77 from Bright's disease and nephritis, 126 from peritonitis, gastritis and perforation, and 54 from diseases of the liver.

The developmental diseases numbered 479, and the deaths by violence 236.

Of the 5,058 deaths at all ages, 1,537 were children under one year, and 802 children between one and five. The number of deaths of children under five equaled 46 per cent. of the deaths at all ages.

The cases of contagious diseases reported during 1890 were as follows: Measles 1,233, scarlet fever 504, diphtheria 527, and typhoid fever 461. The cases of typhoid fever reported evidently do not represent the entire number that occurred.

The number of births reported during the year was 8,227.

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### PERISCOPE.

#### CHOLELITHIASIS, ITS SYMPTOMATOLOGY, DIAGNOSIS, PROGNOSIS AND THERAPY.

At the German "Congress for Internal Medicine," Fuerbringer, of Berlin, opened the discussion on cholelithiasis from the clinical point of view. His statements were based on sixty-four cases, carefully observed in the Friedrichshain hospital and in consultation practice. Of these, thirteen were males, fifty-one females. Having pointed out the parallel between this affection and nephritic calculi, he drew attention to the fact that very often the trouble remained latent, inasmuch as in five years the post-mortem examinations from his division of the hospital had disclosed five hundred cases in which gall-stones were found, without having been noticed during life.

The colic is the symptom of the concretion leaving the gall-bladder, and is referred by most patients to the epigastrium, rather than to the region of the liver. It is often accompanied by pains radiating up and down from the epigastrium. Fuerbringer has usually detected enlargement of the liver simultaneously with icterus, and occasionally has felt the swollen gall-bladder. The current textbook statements concerning temperature do not describe his experience, inasmuch as in forty-one cases, observed with precise thermometric control tests, he found in twenty-four a rise of temperature, moderate, paroxysmal, resembling that of influenza or Koch's treatment.

By far the most important diagnostic symptom is the icterus, which is never found in the beginning of an attack, and is self-evi-

dently absent in closure of the cystic duct. In forty-one cases Fuerbringer found icterus in only thirty-one, varying in degree from the just discoverable to the most intense. At all events the very general opinion that icterus accompanies nearly every attack of gall-stones is a mistaken one. The duration of the attacks varies from the merest fleeting character to the long-drawn out ones, lasting day after day with paroxysms of hours of intense suffering. Between individual attacks, weeks and years of complete freedom often intervene. But little recognized and therefore underestimated as to its importance, is the *abortive* form of biliary colic.

Respecting the effect of gall-stones remaining impacted in the duct, Fuerbringer dwells especially on certain purulent forms of hepatitis and perforations producing a very complex clinical picture.

Where extensive perforation occurs, there is usually, with chills and sweats, an intermitting fever of pyæmic character. Nevertheless this "intermitting hepatic fever" of Charcot, on which the French have laid much stress, is by no means a special form of the inflammatory process, but has a great diagnostic value when taken in connection with icterus, localized pain, a significant tumor, and occasionally a confirmatory history. Moreover, it has some connection, however slight, with the elevated temperature in protracted attacks of hepatic colic. In the long course of weeks and months, it develops in its victim the severest cachexia. Localized pain is of great diagnostic value in this fever but does not reach its full significance till the inflammatory process has reached the peritoneum. Hence arises the latency observed in a really purulent catarrh of the biliary channels, and inflammation of the gall-bladder, so long as it falls short of pericholangitis and pericystitis. The discovery by palpation of a sensitive tumor of the gall-bladder is of great significance, although the withdrawal of pus by aspiration does not prevent confusing the purulent condition of this viscus with abscess formations of the most diverse character.

Discussing the perforations into the peritoneal cavity, the duodenum, and externally, in the first case the contact of the bile with the



serous membrane sets up a rapidly fatal peritonitis. More often than not, the stone itself remains in the duct, close by the small perforation it has caused.

Perforation externally causes the well-known external biliary fistula, occasionally at distant points of the abdominal walls with a daily discharge sometimes of pounds of bile and even stones. Most often the perforation is into the small intestine, and this condition may be conjectured when very large stones pass through the bowels, inasmuch as large concretions seldom pass through the lumen of the gall duct. The stones are capable of producing within the intestine such troubles as ileus, perityphlitis, etc., and Fuerbringer cited cases from his own practice in support of this statement.

Finally cholelithiasis may produce interstitial hepatitis, adhesions between the liver and neighboring tissues, which prove the source of excessive suffering.

Respecting the diagnosis, Fuerbringer, after reviewing his description of the symptoms states his conviction that the majority of physicians refer an unsuspected number of these cases to the category of stomach ulcers, neuralgias, intestinal and renal colic, or hepatic neuralgia. The last he considers more frequent than is stated in text-books. In some cases of biliary colic the intense pain may be experienced not alone in the region of the liver, but throughout the whole abdomen and in the back.

Slight icterus is difficult to detect, but of much value. When the yellow foam of the urine cannot be observed, Gmelin's test is not likely to prove of value. Suspected bodies in the stools should be tested for cholesterin by their solubility in hot alcohol-ether. In the differential diagnosis of liver and kidney tumors, and the yet more puzzling problems of the calculagenic enlargements to be distinguished from true tissue new formations, the surgeon's skill should be employed in exploratory laparotomy before it is too late. Puncture of the gall-bladder for diagnostic ends is usually not advisable, owing to the danger. Especially to be

guarded against is the confusion of the intermitting "liver" fever with typhus and malaria.

The prognosis, *quoad vitam*, so far as each attack of colic is concerned is decidedly favorable, but, in view of the frequency and severity of the attacks, as well as of the secondary changes produced, must be considered serious, although the new surgical treatment has materially improved the outlook.

Nevertheless, we have sufficient evidence that severe cases may be successfully treated by the methods of internal medicine. As to statistics, Fuerbringer reports forty-two per cent. improved, thirty-four per cent. cured, ten per cent. not improved and fourteen per cent. fatal. Of six cases sent to the surgical department, four were by means of operative measures saved out of a precarious condition.

The therapy of this disease is in principle like that of nephrolithiasis; to prevent the formation of precipitates, to check the increase of concretions already present, and to combat the suffering attending their discharge. The principal remedy for the colic is opium or morphine, in large doses; in the second rank stand chloral and chloroform-narcosis. All other narcotics are uncertain.

To seek to dissolve gall-stones by internal remedies is evidence of mental illusion; but we may have in mind the increased flow of bile to favor mechanically the floating out of the concretions.

Considerable confidence may rightly be given to the long-tried alkalies, sometimes in the form of mineral waters such as numerous springs and sanatoria provide. That failure attends the trial with these agents the experience of long years and thousands upon thousands cases proves.

How large a percentage of improvement and cure accompanies the use of all the advantages of watering places (diet, hygiene, etc.), it is impossible to estimate. Complete failures are by no means uncommon.

The salicylate of soda and the oil-cure are means worthy of trial from empirical reasons. By the latter method the liver is washed out with fat, saponification occurs and the resulting masses are found

in the stools as pseudo-stones. The remedy is much better borne than may be imagined; but occasionally the dyspeptic effect is unendurable.

In respect to diet, moderation is far more important than the choice or avoidance of certain kinds of food. Only an excessively fat dietary or one rich in sugar, as well as alcoholic drinks of poor quality, in addition to articles of food notoriously indigestible, should be forbidden.

Of great value in connection with regulation of the bowels are warm baths, sensible clothing, remaining in fresh air, and avoidance of over-exertion.

The entirely modern surgical treatment of cholelithiasis by cholecystectomy, extirpation of gall-bladder, etc., is an extremely valuable addition to our resources. But in spite of all the brilliant results, the present methods cannot be considered free from danger, since, from the latest statistics, to every sixth or seventh patient there falls the black lot. Just as before concerning ileus and perityphlitis, Fuerbringer formulates the statement: "Yet the results of the physician are not bad enough, nor are those of the surgeon good enough, to warrant calling the latter in the wide range of cases demanded by operators eager to extend the field of their activity."

But when, in spite of all hygienic, medical and balneological measures, the suffering from the colic wears out the patient and embitters his life, cholæmia and pyæmia threaten, Fuerbringer does not hesitate to entrust him to the field of modern surgery. The removal of adhesions also is often of great value.—*Fuerbringer. Berl. Klin. Woch., No. 16, p. 405.* J. P. S.

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## AMONG OUR EXCHANGES.

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A point which may well be borne in mind in the treatment of *acid dyspepsias* is noted by DR. GEORGE HASLAM, of Fremont, Neb.\* He finds that so far as concerns the cases in his own practice, there

\*Med Rec, March 21 1891.

are many of them free users of common salt, and that not a few such cases are completely relieved simply by abstention from the use of common salt except in such an amount as is supplied in the ordinary cooking process. He attributes the acidity to the too free secretion of hydrochloric acid by the peptic glands, the excess of common salt stimulating such excretion by furnishing an overabundance of the material from which the acid is derived. A series of aluminium applicators has been devised by DR. J. W. GLEITZMANN, of New York City, for the purpose of more conveniently and effectually applying trichloroacetic acid in *hypertrophic conditions of the throat and nose*.<sup>\*</sup> His conclusions are that : "1. Trichloroacetic acid compares favorably with other caustics in hypertrophic conditions of the throat and nose and is a valuable addition to the remedies now in use. 2. In the greatest majority of cases it is sufficient to produce the desired reduction of tissue although it does not supersede the galvano-cautery. 3. It can be applied with safety to the larynx without any evil consequences. 4. Its chief advantage in nasal affections is the dryness of its eschar, which prevents unpleasant sequelæ and makes after treatment unnecessary." These conclusions, based as they are on a trial of the remedy in two hundred cases in private practice as well as a large number in dispensary practice, are of interest to the general practitioner for the reason that trichloroacetic acid is easy of application as well as an effective escharotic. In cases of *intestinal obstruction*, DR. F. W. LANGDON, of Cincinnati, O.,<sup>†</sup> is in the habit of giving in addition to the usual treatment by enema, etc., warm olive oil internally, three ounces every half hour till a quart or three pints have been taken. It is his experience that the oil will be retained when the smallest dose of calomel, bismuth, chalk, morphia, hydrocyanic acid or any other of the drugs ordinarily used as gastric sedatives will not only fail to allay but will provoke vomiting, and when even cold water acts as an irritant. There is often trouble in getting the patient to take the oil, but once down, it stays and does not even nauseate except in the rarest cases. In treating *puerperal convulsions*, DR.

<sup>\*</sup> Med. Rec., March 14., 1891.

<sup>†</sup> Lancet-Clinic, April 11, 1891.



ABRAM LIVEZEY, of Yardley, Pa.,\* has for forty years relied upon full doses of lobelia given by enema, keeping the pulse at 60 or 80 with tincture of veratrum viride in small doses frequently repeated. The lobelia not only controls the spasms, but it is an efficient relaxant of the tissues of the cervix, thus aiding in the progress of the labor. Tincture of quassia is reported by DR. A. V. BARNES as an efficient exterminator of pediculi.† It should be applied freely twice a day. As quassia is not open to the objection that obtains with regard to the mercurial parasitricides, it is worthy a thorough testing of its merits. Attention is called by DR. GEO. J. MONROE, of Louisville, Ky.,‡ to the fact that while the usual effect of the *bromides* is to allay sexual excitement and prevent involuntary emissions, there are cases, a number of which he mentions, where thirty grains of bromide of soda, combined with a grain of caffeine was invariably followed by involuntary seminal emissions in the male and by the sexual orgasm in one female. It is well, therefore, to remember when we prescribe bromides for this trouble, that the effect may be just the other way especially if we combine them with caffeine. *Turpeth mineral* is likewise a standard drug which, owing to the high recommendation of men like FORDYCE BARKER, BARTHOLOW, JACOBI and others is in general use as an emetic in croup, and is currently believed to be wholly free from risk of serious consequences. DR. BRADFORD WOODBRIDGE, of Cedarville, Cal., however, reports a case§ where the exhibition of two doses of three grains each failed to produce free emesis, for which resort was had to ipecac, but was followed twelve hours later by diarrhoea, lasting twenty-four hours, and subsequently by mercurial stomatitis. Fortunately both these untoward complications yielded to treatment. The generally unsatisfactory result of the average expectorant in chronic bronchitis, especially among the aged, give special interest to the experiments of DR. WILLIAM MURRELL, of London, Eng., with apomorphine and apocodeine.¶ He demonstrates that apomorphine administered by the mouth or inunction does not, except

\* Med. Summary, April, 1891.

† Med. Summary, April, 1891.

‡ Med. Summary, April, 1891.

§ Occidental Med. Times, March, 1891.

¶ Proceedings of the Royal Society, Vol. xvii, p. 455.

in rare cases and in doses of over a grain, act as an emetic or even as a nauseant but as an expectorant. A majority of patients according to his observations can take a grain of apomorphine three times a day without any inconvenience. In cases where there is difficulty of breathing, continual cough and thick tenacious mucus, morphine may be advantageously combined with the apomorphine, the one fluidifying the secretion and the other lessening the irritability of the mucous membrane. In the winter cough of the aged, so distressing often and so difficult to relieve by the ordinary measures, he has found the best of results, likewise in the teasing cough of phthisis. The drug may be administered in syrup of Virginia prune, syrup of tar, or syrup of lemons; three-fourths of a grain of apomorphine to the fluid ounce of menstrum. The initial dose is a teaspoonful increased as necessary. As an ointment, one grain of apomorphine to the ounce of lard or lanoline, he finds the expectorant effect equally marked, and lasting several hours. "Practically," he goes on to say, "it is a decided advantage to have at our disposal a drug which may be relied on to induce expectorant effect when used in the form of an ointment. In the case of children suffering from bronchitis it is simply invaluable." Apocodeine he finds likewise an expectorant without emetic action, but differing from apomorphine in this that it is not an emetic but an expectorant simply when administered hypodermatically.

L. B. T.

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## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio.

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**MEDICAL DIAGNOSIS, With Special Reference to Practical Medicine.** A guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M. D., LL. D., Professor of Practical Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia, Physician to the Presbyterian Hospital, Consulting Physician to the Children's Hospital, etc. Illustrated with Engravings on Wood. Seventh Edition, Revised. J. B. Lippincott Co. 1890. Cloth, \$6.

This work is so well known to the profession as to need no introduction. The present issue, the seventh edition, has been revised

and much new matter incorporated. A number of new wood engravings have been added in illustration, especially of such micro-organisms as have been proved to be of practical significance in diagnosis. Dr. DaCosta's work has been appreciated not only in this and other English speaking countries, but a second edition of the German translation has appeared in Berlin. A Russian translation has been issued and a French translation is in progress.

FEVER, ITS PATHOLOGY IN TREATMENT BY ANTIPYRETICS. Being an Essay which was Awarded the Boylston Prize of Harvard University. By Hobart Amory Hare, M. D., F. A. Davis, Philadelphia, 1891.

"It would be difficult to find any theme about which so much has been written in the past ten years as the subject with which this essay deals, and a concise summary of the conclusions of many of the best observers cannot fail to be of value to the busy practitioner, particularly when combined with sufficient experimental and clinical experience to make the work something more than a mere compilation of other people's ideas. Not the least important portion of the book is the record of untoward effects produced by the various drugs considered, and it is interesting to note how severe the symptoms often seemed to be, and yet how few of the patients so affected die.

REST AND PAIN: A Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain. By the late John Hilton, F. R. S., F. R. C. S. Edited by W. H. A. Jacobson, B. A., M. B., Oxon., F. R. C. S. Reprinted from the Last London Edition. P. W. Garfield, Cleveland. 1891.

Dr. P. S. Conner, of Cincinnati, remarked at one time that he had rather be the author of "Rest and Pain" than of any other work in the English language.

Mr. Hilton's work, whilst acknowledged to be one of our few surgical classics, was formerly too much regarded as a monograph, a book which dealt with special subjects, and by students in particular, as one which took them over fields far remote from those covered by the ordinary text-books, and which accordingly treated of subjects not noticed in the course of ordinary examinations.

Mr. Hilton's ingenious way of reasoning from anatomical facts, and his application of those facts to the needs of daily practice,

have done much to lighten the labor of students, junior and senior alike. To the former, while engaged in the drudgery of dissection, this book shows how useful the dry facts of anatomy will surely be hereafter, and it encourages the latter, while busy in the wards, to keep up their knowledge of anatomy, by applying to their practice the thoughtful lessons which abound throughout these pages.

**A MANUAL OF OPHTHALMIC PRACTICE.** By Charles Higgins, T. R. C. S. E. With Illustrations. P. Blakiston, Son & Co. Philadelphia, 1888.

The author in the preparation of this little work has been guided by his fourteen years' experience teaching in Guy's Hospital. The work is concise and practical, and no doubt commends itself to students and general practitioners. It strikes the medium between the compend on the one hand and the ponderous text-book on the other.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.** A Work of Reference for Medical Practitioners. Ninth Year. 1891. New York. E. B. Treat. Price, \$2.75.

The contributors to this work are H. W. Allingham, Lennox Browne, Henry Dwight Chapin, Dujardin-Beaumetz, Jonathan Hutchinson, James R. Scanning, A. D. Rockwell and thirty-two others whose names are distinguished in various departments of medicine and surgery, the editor being Percy Wilde.

Few readers will stop to consider the immense amount of labor expended by these contributors in selecting, arranging and condensing the material of such a book. It will be found a valuable work for practical use. We remember of no annual of its qualities and scope in a single volume and at so low a price. Perhaps the advertisements on the fly-leaves enabled the publishers to do this, but there is one of them at least which might have been omitted without damaging the sales of either the notorious nostrum "soothing syrup" or the book.



# PAMPHLETS.

[In most cases anyone desiring a copy of any pamphlet noticed under this head will doubtless receive it by addressing the author—not forgetting to enclose a stamp and a mention of the GAZETTE.]

Note on the Virile Reflex. By C. H. Hughes, M. D., St. Louis, Mo.

Studies in Intestinal Surgery. By Wm. B. Van Lennep, A. M., M. D., Philadelphia, Pa.

Surgical Relief for Biliary Obstruction. By Henry O. Marcy, A. M., M. D., LL. D., of Boston, Mass.

Dr. Marcy reports five cases in which he has operated for biliary obstruction. He also reviews the literature of the subject quite fully and urges the use of the animal suture in preference to all others.

The Relation of Bacteria to Practical Surgery. By John B. Roberts, A. M., M. D., Philadelphia, Pa.

This address in surgery, delivered before the medical society in the state of Pennsylvania, presents a very satisfactory resume of the latest theories of bacteria in relation to surgical pathology.

The School of Salernum. A Historical Sketch of Medieval Medicine. By H. E. Henderson, A. M., M. D., Cleveland, O.

It is to be regretted that the medical profession does not take a greater interest in the history of medicine. To those who have any taste in this direction, this historical sketch of Dr. Handerson's will prove most instructive.

The Cause of Death from Chloroform. By H. C. Wood, M. D., and H. E. Hare, M. D., Philadelphia, Pa.

The authors take issue with the Hyderabad commission in the statement, "That, however concentrated the chloroform may be, it never causes sudden death by stoppage of the heart." They claim in the first place that the evidence of the commission is negative while their own experiments were positive and in proof of their statement, present a number of tracings made by means of the kymographion.

The Psychopathic Sequences of Hereditary Entailment. By C. H. Hughes, M. D., St. Louis, Mo.

The author presents a preliminary review of what we know of the hereditary neurotic enthrallment of alcohol, and records an interesting hypothetical case, and claims that the dipsomaniac is as surely deranged and perverted in his brain and connected nervous system as any other

lunatic, and the confirmed inebriate claims our sympathy and succor and the kindly consideration of the law, because he is the victim of disease.

*The Need of Extensive Organization and Pursuit of a Fixed Policy as a Means of Promoting our Professional Interests.* By George E. Frothingham, M. D., Detroit, Mich.

Dr. Frothingham says: There is nothing to homeopathy more than the numerous other pathies, that requires special teachers to present it to the students of medicine. This can be done by any well educated physician who always studies carefully the claims, and also the results of all systems of practice.

The degree of doctor of medicine is broad enough to include all the pathies, and the teaching in any regular school includes all that any of them have demonstrated as true, or even shown to be reasonable or successful.

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## NOTES AND COMMENTS.

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*Professor J. M. Da Costa* has resigned his position as teacher in the Jefferson Medical College.

*Dr. Hobart. Amory Hare* has been elected professor of *Materia Medica* and *Therapeutics* in Jefferson Medical College, made vacant by the retirement of *Dr. Roberts Barthalow*.

*Dr. Charles W. Dulles*, who has so ably edited the *Philadelphia Medical and Surgical Reporter* for the past three years, has resigned and will be succeeded by *Dr. Edward T. Richert*.

*Dr. F. D. Brandenburg*, late assistant surgeon of the *Woman's Hospital*, New York, has been appointed to the department of *Diseases of Women* in the dispensary of *Western Reserve Medical School*. He will reside in *Cleveland* and pursue *gynecology*.

*Twenty-one States* are now proudly marching in the column of medical reform, with separate examining and licensing boards. New York is one of the latest additions, and it would be a pity to see it put in a little squad by itself because the students don't like the measure. The law was framed to benefit the people, and it will be a vast gain to the public health if let alone to work out its blessings.—*Buffalo Med. Journal*.

*Local Anæsthesia.*—Dr. A. Dobish (*Allgemein, Mediz. Central-Zeit.*) employs the following proceeding for inducing local anæsthesia :

<b>R</b> Chlorof.....	10.00
Ether.....	15.00
Menthol.....	1.00

**M. Sig.**—Apply rapidly for about one minute with a Richardson spraying apparatus.

Having produced anæsthesia after this formula, Dobisch has performed (1) opening of deep-seated felon ; (2) evacuation of cervical gland abscess ; (3) opening of dental abscess with scraping of the maxillary bone ; (4) excision of epithelioma on the nasal ala ; (5) removal of an atheroma from the face. The complete anæsthesia lasted from two to four or six minutes, and was not only superficial but deep, in operation No. 3 extending to the bone. Recovery was uninterrupted in every case.

*A Physician's First Choice.*—In a recent address, Dr. T. Gailard Thomas (*Medical Record*) said :

Were I offered to-day by some great power the accomplishment of one wish, I think I would select the destruction of the process by which alcohol is created. Putting advantages and disadvantages into mental scales, I should select as the wish nestling closest to my heart, the abolition of alcohol.

If this were denied me, I would choose the power of stamping out forever those contagious diseases which fill our graves with curly heads and dimpled cheeks, and our homes with sorrow that knows, no comforting. I would destroy those terrors of the household, scarlatina, diphtheria, and the host of contagious maladies which go hand in hand with them. The first of these wishes is impossible of attainment; but what of the second? The way of its accomplishment is open to every man with willing hand, determined mind and intelligent brain. Surely it is not too sanguine a prediction that the next century may see the extinction of contagious diseases.

The means are at hand for the stamping out of all contagious diseases. It only remains to persuade the laity to adopt the needful measures, and lo ! Dr. Thomas' wish is accomplished. But who will persuade the people to do this thing? After twenty years of faithful labor in Michigan, its State Board of Health is marked for destruction by the Executive and many members of Legislature; this, too, in spite of facts on file in the State House, proving beyond a doubt that the work of this Board annually saved hundreds of our citizens from death by these contagious diseases, and hundreds of thousands of dollars. Who shall preach this gospel so that the people may hear and obey?—*American Lancet.*



*Dr. Carl. H. Von Kline*, formerly of Dayton, Ohio, has recently located at No. 122 Euclid avenue this city. He limits his practice to diseases of the respiratory organs.

*Cæsarian Section on a Cow:*

MEADVILLE, PA., April 3. — Dr. Charles C. McLean, of this city, successfully performed the Cæsarian section operation on a thoroughbred Jersey cow, on March 20, and to-day the cow and calf are doing well. The animal is five years old and the property of John McClintock, who lives near this city. So far as is known, this is the first time the operation has been performed on a brute.—*Ex.*

*A Foreign body in the bronchus.*—The daily papers of Brooklyn and New York have recently contained lengthy accounts probably more or less accurate of this case. The following is taken from the *New York Medical Journal* and gives the principal points: "A very rare, if not unique, form of accidental lodgment of a foreign body in the left bronchus has lately proved fatal in Brooklyn. The victim of the mishap was a young clergyman, over six feet in stature and weighing nearly two hundred and fifty pounds. He was a man of active habits and having an exceptionally large thoracic development. The accident came about in consequence of his holding between his teeth the cork of a medicine bottle while administering a dose to one of his children. The cork was drawn into the respiratory passages during the inspiratory act after a hearty laugh. It was drawn beyond the bifurcation and was lodged in the left bronchus.

Five days after the accident he was removed to the City Hospital where tracheotomy was performed and attempts were made to grasp the cork; but these efforts were rendered ineffectual by the imbedded state of the foreign body. Subsequently another operation for the removal of the cork was done; the surgeon, Dr. J. D. Rushmore, making use of a specially devised corkscrew-like instrument. The instrument was brought into contact with the cork but it failed to take hold upon it with firmness, although it is reported that it was the opinion of some of those present that a portion of the cork was broken off by the instrument and expelled by coughing. The operations were performed under anæsthetics in both instances and were not discontinued until the patient's condition indicated that his strength was not equal to a longer endurance of the strain. An operation of thoractotomy on the left side in front was begun, and had advanced to the point of exposing the ribs, when the cardiac flagging made it necessary to suspend the procedure. The weakness of the heart together with a rise in temperature from time to time above 102° F., indicated the beginning of septic infection. The right lung for two weeks did all the work of blood aeration, and it was adequate for the most part. Dyspepsia was occasionally present but at no time was it urgent."



*Preparing for the worst.*—"What did the doctor say about your wife?"

"He told me I must prepare for the worst. So I don't know whether he meant she's going to live or die."—*Philadelphia Times*.

*Pertussis Followed by Paralysis.*—H. H. Spiers, M. D., of Edinburgh, Ohio, reports a case of pertussis followed by paralysis of the vocal chords: In the autumn of 1889 we had in our locality an epidemic of pertussis. There were no deaths but the disease was severe. In one case, a lady in good health, past forty years of age, there was paralysis of the vocal chords as a sequela. No audible articulate sound could be produced for upwards of six weeks. Gradually the voice became stronger, but it has not yet returned to its wonted volume. No treatment was given. We are told: "Pertussis is sometimes followed by paralysis." To me the case is unique.

*"Orange Blossom."*—Our analysis shows it to be about as follows: An oblong body, about one inch long, by one half-inch wide and one half-inch thick, weighing full two grammes (31 grains). A single fold of heavy tin-foil surrounds and encloses a light, grayish-yellow, unguentous mass, of a rancid, fatty odor, and astringent metallic taste. The reaction is very acid. The constituents are:

Zinc sulphate.....	1 dr.
Alum.....	15 gr.
Cocoa butter.....	3 dr.
White wax.....	$\frac{1}{2}$ dr.
Oil sweet almonds.....	$1\frac{1}{2}$ dr.
Ext. henbane.....	1 gr.

—*New Idea*.

*How Doctors Live.*—A correspondent of the *Medical Age* says: I have endeavored to keep track of one hundred of my medical friends after graduation, especially of what they did during the first five years, and find nearly 75 per cent. had to resort to other employment to make a living. Twenty-three received a salary either in addition to practice or separate therefrom. Fifteen were proprietors of drug stores. Three were insurance agents. Four loaned money. One sold real estate. Three were connected with medical journals. One was an agent for drugs. One for books. One preached. One was in the patent medicine business. Two were farmers. One a manufacturer. Two gave massage treatment. One sawed wood, and subsequently suicided. Twelve gave up in disgust, and one never tried practice at all. Twenty-nine graduates only in one hundred exclusively devoted themselves to medicine, and of these eleven associated themselves with other practitioners, and in many cases fell heir to their practice. In the western part of the country, that is,

west of the Mississippi River, 60 per cent. of all physicians are connected with drug stores, either as clerks or proprietors. In the east the proportion is much less, being from 12 to 15 per cent. In the west, also, 40 per cent. of them have an interest in farms. All these parties before embarking in these different lines, tried practice with the results specified above.

I do not claim my figures are absolutely exact, but represent an approximation to the truth, for the very reason than it is difficult to keep track of those who have left the profession and embarked in other lines. I believe if full returns from these men could be had, they would show a still larger number than I have indicated, who gave up in disgust. Many do not seem to care to have their whereabouts known.

These figures mean that of four graduates, one only will succeed in getting a living in the profession of his choice. One will fall out, and the other two will be as much interested in other pursuits as they are in the profession. The mere listing of names and addresses of graduates in a medical college catalogue is no indication of the real means by which these men are getting their living. This certainly shows there is a side to the practice of medicine which it is not altogether inviting to contemplate.

*The Mississippi Valley Medical Association* will hold its seventeenth annual session at St. Louis, Wednesday, Thursday, and Friday, October 14, 15, and 16, 1891. A large attendance, a valuable programme and a good time are expected. The members of the medical profession are respectfully invited to attend.

E. S. McKEE, M. D., Secretary,  
No. 57 West Seventh street, Cincinnati, Ohio.

*The Ohio State Medical Society.*—The forty-sixth annual meeting will be held at Sandusky, O., June 17th, 18th and 19th, 1891.

#### ORDER OF BUSINESS.

##### FIRST SESSION—WEDNESDAY, JUNE 17.

1. Call to order.
2. Report of Committee of Arrangements.
3. Business which requires early consideration.
4. Annual Reports of
  - a Treasurer and Librarian.
  - b Secretary.
5. Reports of Standing Committees:
  - a Committee on Admissions and Medical Societies.
  - b Committee on Finance.
  - c Committee on Publication.
  - d Committee on Legislation.
  - e Committee on Ethics.
6. Reports of Special Committees:
  - a Committee on "Act providing for the Protection of Physicians, etc." P. S. Connor, Chairman.
  - b Committee on Organization of County Societies and their Relation to the State Medical Society. T. A. Reamy, Chairman.

7. Reports from Delegates to the American Medical Association and other Societies.
8. Appointment of Committee on Nominations.

9. Papers:

- a "The Surgical Treatment of Chronic Catarrhal Appendicitis," R. Harvey Reed, Mansfield.
- b "Notes on the Treatment of Syphilis," W. T. Corlett, Cleveland.
- c "A plea for a more Extended Supervision of the Parturient Woman," D. R. Silver, Sidney.
- d "Gonorrhoea in Women," C. N. Smith, Toledo.

EVENING SESSION.

1. Papers:

- e "Carcinoma, a Form of Perverted Nutrition," H. J. Herrick, Cleveland.
- f "A Rare Case of Pelvic Dropsy; Operation; Cure," J. F. Baldwin, Columbus.
- g "Spinal Supports," S. L. McCurdy, Dennison.
- h "Compound Ganglia Treatment by Operation," C. S. Hamilton, Columbus.
- i "Three Cases of Radical Cure of Hernia by the Use of the Buried Antiseptic Animal Suture," F. C. Larimore, Mt. Vernon.

THURSDAY, JUNE 18.—MORNING SESSION.

1. Reports of Committees.

2. Papers:

- j "A. C. E. Mixture," J. C. Reeve, Dayton.
- k "Anæsthetics; the Dangers in the Use of Chloroform as Compared with Sulphuric Ether," E. H. Hyatt, Delaware.
- l "Tuberculin in the Treatment of Tuberculosis," J. T. Whittaker, Cincinnati.
- m "Influenza," D. N. Kinsman, Columbus.
- n "Convergent Squint and Its Cure," C. W. Tangeman, Cincinnati.
- o "The Treatment of Retention from Hypertrophy of Prostate," N. P. Dandridge, Cincinnati.
- p "Fracture of Dorsal Vertebrae, Operation," A. W. Ridenour, Massillon.

AFTERNOON SESSION.

1. Reports of Committees.

2. Election of Officers.

3. Selection of the place for the next meeting.

4. Papers:

- q "Report of Cases, with Comments," T. A. Reamy, Cincinnati.
- r "Removal of Uterine Appendages; Supplemental Report," R. B. Hall, Cincinnati.
- s "Operative Treatment of Uterine Cancer," D. Tod Gilliam, Columbus.
- t "High Amputation of Cervix," B. F. Hart, Marietta.
- u "Cases of Extra Uterine Gestation," W. D. Hamilton, Columbus.
- v "The Value of Draining the Pelvis in Case of Bleeding after Operation," M. Stamm Fremont.

EVENING SESSION.

President's Address: "A Page of Medical History; Moliere and the Doctors," W. J. Conklin, Dayton.

FRIDAY, JUNE 19.—MORNING SESSION.

1. Reports of Committees.

2. Papers:

- w "Modern Methods of Treatment for Nose and Throat Diseases accessible to the General Practitioner," Jas. E. Nichols, New York City.
- x "Tonsillotomy and After-Treatment," T. V. Fitzpatrick, Cincinnati.
- y "Intubation," Geo. Goodhue, Dayton.
- z "Papilloma of Larynx; Case," A. B. Thrasher, Cincinnati.
- aa "Exploratory Incisions of Knee Joints," B. Merrill Ricketts, Cincinnati.
- bb "Home versus Hospital Treatment of the Insane," A. B. Richardson, Cincinnati.

AFTERNOON SESSION.

1. Reports of Committees.

2. Papers:

- cc "Hyperemesis Gravidarum," W. A. Diekey, Tiffin.
- dd "Tests for Albumen," W. B. Davis, Cincinnati.
- ee "The Limitations of Dermatology," Edward Preble, Cleveland.
- ff "Spinal Concussion," G. W. Crile, Cleveland.
- gg "Salpingitis; with a Report of two Cases," A. B. Walker, Canton.
- hh "Some Facts about Squint that every Practitioner ought to Know," Albert R. Baker, Cleveland.

3. Oral Communications.

4. New Business.

5. Unfinished and Miscellaneous Business.

6. Adjournment.



As the program contains a large number of papers, the attention of readers is called to section V of by-laws: "Not to exceed thirty minutes shall be allowed for the reading of any paper."

The sessions of the society will be held at the West House. First session at 2 p. m., Wednesday, June 17.

Hotels, West House, Sloane House, \$2 and upwards per day.

From the titles of papers to be presented, it will be seen that the meeting will be both interesting and profitable.

Special Notice.—As the hotel at Put-in-Bay could not be completed by June 17, as expected and in fact promised by the proprietor, the committee on arrangements selected Sandusky as the next best place, being located very pleasantly on Lake Erie, and offering very nearly all the advantages of Put-in-Bay.

*Accident Insurance* is pretty largely patronized by physicians. On that account the recent outcome of a local case may be of interest to the profession. Dr. George J. Bernays died over a year ago of erysipelas caused by a cut of the finger of the right hand, which occurred in the course of an operation. The accident insurance company refused to pay the indemnity, claiming that the decedent had had erysipelas upon former occasions and was particularly subject to it, adding some other objections. After the matter had been in the courts for some time the company virtually abandoned its position and settled the matter amicably last month.—*Saint Louis Medical and Surgical Journal*.

*A New Interpretation*.—An English quack was recently brought before the police court for practicing without due qualification, who in defending the characters M. D. and F. R. S. after his name, said they meant "money down" and "fosterer of real science." The individual's genius, however, did not save him for he was fined twenty pounds M. D.—*Saint Louis Medical and Surgical Journal*.

*A Physician's Responsibility*.—A paragraph in the daily papers states that a New Haven physician who refused to attend an urgent call because he had a previous engagement has been fined \$10. It would be interesting to know the full particulars of the case, as it is difficult to see what obligation there is upon the physician to render services in any case except that of humanity. We believe that physicians have a legal right to give or refuse their services to any person, but they assume a grave responsibility when they decline to respond to an urgent call, especially if other physicians are not easily accessible. On the ground of humanity such a refusal would be very severely judged, both by the profession and the general public. It is a far different matter, however, to assume that a physician who refuses to answer a call is liable either to a fine or to money damages in a civil action.—*Henry A. Riley, Esq., in New York Medical Journal*.



*Columbus Medical College.*—The daily papers announce the resignations from the faculty of this school of Professors Kinsman, Dunham, Waters, Medbery, and Allen.

*The Medical Preceptor* is a curious survival of an ancient practice. There was a time when it was almost impossible to obtain a medical education in this country unless at great labor and expense.

The result of this condition was that the aspirant to medical practice was taught by the local physician and, in due course of time, he notified everybody that he was practicing medicine. Later on came the medical college in its multiplicity and conditions were somewhat changed. A growing ambition to append M. D. to their names seized many, and they attended schools which conferred the degree. But, they first studied (?) under a preceptor. If we consider what this term of study implies it immediately becomes apparent that it is so much time wasted. The principal duties of a student, who is under a preceptor, are to clean the cuspidores, sweep out the office and act as a page or bell-boy. Whenever he can snatch a few minutes he reads a page in one of the old books lying around and thus does he equip himself to enter a medical college. A conscientious preceptor can not very well spare the time to instruct his student and the best course for the latter to adopt is to spend the time profitably in a medical college.—*St. Louis Med. and Surg. Journal.*

*The Union Medical Association* of Northeastern Ohio held its eightieth quarterly session in Akron, Tuesday, May 21. The committee on admissions reported the names of Drs. A. C. Wilson, of Youngstown, C. H. Von Klein, of Cleveland, H. H. Jacobs, of Akron, H. Blankenhorn, of Orrville, and Cullen Welty, of Akron, as applicants for membership and recommended their admission. On motion the report was adopted and the applicants duly elected to membership.

Dr. A. B. Walker read a paper on pelvic abscess following confinement. Dr. M. M. Baures reported a case of foreign body in the foot, and A. W. Ridnour reported a case of death from chloroform. The discussion on "Disturbed Nutrition as a Cause of Disease" was opened by Dr. Conn, who was followed by Drs. Seiler, Herrick, Hitchcock, Starr, Loughhead and Ridenour.

Dr. Herrick, of the clinical committee, appointed to examine a patient presented by Dr. Hiddleston, reported it as one of chronic liver trouble and advised an appropriate line of treatment.

The following appointments were announced for next meeting: Lecturer, Dr. H. J. Herrick; alternate, Dr. A. M. Sherman; essayist, Dr. C. H. Von Klein; alternate, Dr. R. D. Gibson; reports of cases, Drs. Hiddleston, Starr, Marchand, Ridenour, McMillan, Loughhead and Fouser; discussion, topic to be selected, to be opened by Dr. J. Fraunfelter, and alternate, Dr. T. Clark Miller.

Adjourned to meet at Canton on second Tuesday in August.

*The Trustees of the American Medical Association* met in Chicago on Wednesday, May 13th, all being present but Dr. Shoemaker, who was represented by proxy. The question of appointment of editor being taken up, Dr. J. C. Culbertson, for many years editor of the *Lancet and Clinic* of Cincinnati, was placed in nomination and received the unanimous vote of the trustees.

Dr. Culbertson was also instructed to act as business manager. On Thursday, May 14th, the trustees, in company with the newly elected editor, inspected the *Journal* office, and he was formally placed in charge.

The trustees bespeak for Dr. Culbertson the same kindly consideration that has been extended to his predecessors, and they feel sure that the results of the new management will show the wisdom of their selection.—*The Am. Med. Journal*.

*The regular meeting* of the Cuyahoga County (O.) Medical Society will be held at the society's rooms, No. 20 Euclid avenue, on Thursday, June 4, at 2:30 p. m. Program of meeting: Essay, "Valvular Dressings in the Treatment of Empyema," Dr. Edward F. Cushing. Discussion, "Syphilis, its Prophylaxis and Treatment," Drs. Wm. T. Corlett and Edward Preble. "Report on Progress in Ophthalmology," Dr. B. L. Millikin.

P. H. SAWYER, President, 54 Streater avenue.

JOHN B. WALKER, Secretary, 166 Euclid avenue.

*An Extraordinary* and tragic accident occurred at a wedding near Louisville, Ky., recently. Sixty guests were present. Of these, forty were taken in from four to sixteen hours with violent and persistent vomiting or purging, or both, attended with great prostration in all, and collapse in some cases. Death was the result in five cases, and it is not certain that more will not follow. The cause was probably ptomaines in the chicken salad. Careful investigation failed to reveal any metallic poison or any tyrotoxin in the milk.

*Dr. Virchow Denounces Kochism*.—The lower house of the Prussian Diet on May 8th voted 165,000 marks for Professor Koch's Institute. Professor Virchow opposed the grant and denounced Kochism, claiming it had proved a failure. We warned the doctors who were using the lymph that they ran a great risk if they persisted in treating their patients with the alleged remedy.—*Medical Record*.

"*Well Maggie*," asked a teacher of a little girl, "how is it that you are so late this morning to school."

Please sir, was the reply, "there wis a wee bairn came to oor hoose this mornin'."

"Ah," said the teacher with a smile, "and was not your father very pleased with the new baby."

"No sir, my father's awa' in Edinburgh and dinna ken aboot it yet; but it wis a guid thing my mither wis at hame, for gin she had been awa I wadna hae kent what to dae wi' it."

*The Three Rivals.*—

In Baldhead Gulch them early days,  
 'Twas Yuba Bill held powerful sway;  
 The quickest fellow on the raise.  
 While shootin' was his special lay.  
 'Twas him thet broke our graveyard in,  
 An' up thar, in a sort o' line,  
 He'd fixed his graves, an' with a grin  
 Would chuckle, "stranger, them is mine."

Bill had a rival, Greaser Pete,  
 'Twas later when he came along;  
 Fer carnage no man knew his beat,  
 He'd fight an army for a song,  
 He'd shoot, an' stab, an lasso, too,  
 An' always tacked fer to kill,  
 An' mighty soon—so fast he slew—  
 His row of graves was beatin' Bill.

An' then, one day, thar came to camp,  
 A measly-lookin', scrawny chap,  
 He war a doctor on a tramp,  
 An', lordy, he did have a snap!  
 An', lordy, how our graveyard grew!  
 An' Bill an' Pete would scowl at it,  
 Until at last they said adieu,  
 An' "Doc, you've knocked us—so we quit."

"*The three Fates*," a new novel by F. MARION CRAWFORD, opens attractively in the May number of the *Home Maker*.

The illustrated articles are "Some Old Time Jersey Weddings, beginning with the "Bridal of Lady Kitty Alexander," and followed by the "Camera," illustrated by a number of distinguished amateurs, including Miss Catherine Reed Barnes, Mr. Elbridge T. Gerry, Mr. Franklin Harper, Mr. David Williams, and others.

"Bicycling for women" is delightfully written about by a well known New York expert, Mrs Josephine R. Redding, editor of the *Art Interchange*.

The editor continues her series of papers under the head of "Our Little World," and discusses various matters in the "Arm Chair."

Grace Ellery Channing, Clinton Scollard, Lucy Agnes Hayes and Carlotta Perry contribute charming poems, and there are short stories and a great variety of excellent miscellaneous and domestic matter, besides the valuable "Cycle" department, which gives the records of nearly a hundred federated clubs.



*She Wanted the Best.*—A servant girl recently made her appearance in the office of one of Cleveland's oldest and best physicians and confronted the doctor's young assistant.

"If you please, sir," she said, "my missis' little boy is sick, an' she wants you to come up to the house." The young man found out that the "misses" was a prominent society lady, and suggested that the older physician would be back in a short time.

"That's all right," replied the girl, "missis said you would do."

The young man went to the house, prescribed a simple remedy for a juvenile stomach ache, and was soon back in the office. Scarcely had he returned when the same girl rushed in and hurriedly asked when the older doctor would be back. The young man reached for his hat.

"No," said the girl, "she don't want you this time."

"Why not?"

"'Cause its her parrot that's sick!"

*The Modern Difference.*—

The doctors of the long ago,

With minds upon their patients' pain,  
With ready tools were never slow,  
To bleed 'em in a vein.

The doctors of the present day.

Who think about their patients' pain,  
Oft find their efforts—so they say—  
To bleed 'em are in vain.

*The American Anthropometric Society*, founded for purposes of mutual autopsy, has begun its career somewhat ominously. The president, Dr. J. Leidy, died shortly after its organization, and studies upon his brain have already begun. We shall be somewhat curious to learn who aspires for the vacant chair of the eminent deceased. —*Med. Record.*

*The Growth of the Professor.*—The Kansas Medical College has appointed a professor of railroad surgery, but this is nothing beside the post-graduate medical college, which has professors of the rectum, of intubation, and of electricity. —*Med. Record.*



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CLEVELAND MEDICAL GAZETTE.

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*VOL. VI.*

*JUNE, 1891.*

*No. 8.*

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ORIGINAL ARTICLES.

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RELATION OF MEASLES TO PUERPERAL FEVER.

BY HUNTER H. POWELL, M. D., CLEVELAND, OHIO.

Professor of Obstetrics and Diseases of Children in the Medical Department of the Western Reserve University.

The influence of zymotic diseases as a cause of puerperal fever has for many years been a subject of great interest and varied opinions. Certainly the weight of authority is in favor of recognizing certain zymotic diseases, for example, scarlatina and erysipelas, as undoubted causes of puerperal fever. Other zymotic diseases have played an unimportant part. In Germany, diphtheria is reported as quite frequently associated with puerperal fever, especially in maternitis. In this country this relation has been noted, and well marked cases illustrating this relation have been reported in our county medical society. It is interesting to observe that statistics show the mortality to be less when the well marked phenomena of the zymotic disease appear in the puerperal woman than when such phenomena are suppressed by the puerperal conditions.

It has been suggested as accounting for this fact that not only has the puerperal state a modifying influence, but the method by which the zymotic poison gains entrance to the system.

The relation of measles to puerperal fever has been rarely noted. Many puerperal women have been known to contract measles and develop only the characteristic phenomena of measles. Many authorities embrace measles in the list of zymotic diseases which may produce puerperal fever, but I am unable to find one who reports a well marked case. In view of the fact of the prevalence of measles one would expect to hear of many cases of puerperal fever caused by it, if in reality there is any such relation.

Without having reached a satisfactory opinion upon this subject I wish merely to report a case which has lately come under my observation. Sophie T., primipara, age 19 years, white; admitted to the maternity of St. Vincent March 19, 1891. Assisted in the laundry up to within a day of her confinement; labor began March 16, at 2 p. m., and she was delivered at 1 p. m. the following day by my assistant, Dr. Reason. Labor was in all respects normal. A slight laceration of perineum occurred, but not enough to call for stitches. The placenta was expelled fifteen minutes after birth of the child, with no interference. The routine washing of the vulva with bichloride solution 1 to 2,000 was observed. Nothing worthy of note was exhibited until the morning of the fourth day, when the temperature was  $102\frac{1}{2}^{\circ}$ , pulse 120; in the evening the temperature rose to  $105^{\circ}$ . Quinine acetanilid and brandy administered. A small grayish ulcer was observed on each side of the torn perineum; equal parts of iodine and carbolic acid were applied; slight pain in right iliac region, not sufficient at any time to require opiates; no tympanitis. On the fifth day morning temperature was  $101^{\circ}$ , pulse 100; at 6 p. m. pulse could not be felt, breathing labored, eyes fixed; patient died at 9 p. m. Her mind was clear up to the time of her death. Post mortem made twelve hours after death showed well contracted uterus, cavity empty and healthy in appearance; slight amount of turbid serum in abdominal cavity, no adhesions, right ovary somewhat enlarged and softened, puerperal ulcer on each side of the torn perineum.

This was the only death in the maternity for over two years; she was the one hundred and sixty-fifth case without a death.

Her labor was in all respects normal. She was touched only by Dr. Reason, who observed the same care as to disinfection of hands required of all my assistants. The large majority of the cases in this series had been touched by one or two medical students, just from the dissecting room often, and yet without harm to the women; this woman, without any such exposure, died on the fifth day from septicæmia.

Connected with the maternitis we have an orphan asylum. On the twenty-fifth of February measles broke out among the children and continued until the last of March. The type of the disease was severe. Twenty-seven of the children were taken down. Five deaths occurred from the complication of broncho pneumonia. This woman had assisted in taking care of these children up to the day of her confinement. What relation, if any, existed between her death and the epidemic of measles? It must be stated that she exhibited not one of the characteristic symptoms of measles. On the other hand, it must be remembered that it is believed that another zymotic disease, scarlatina, may be the cause of puerperal fever, without producing a single characteristic symptom of scarlatina. If this is true of one zymotic disease, why not of others? Are such cases of puerperal fever due to the specific poison of these zymotic diseases, or are they cases of sepsis and due to decomposition of the organic products thrown off in the course of zymotic diseases. Without any well formed opinion on this subject, I feel more strongly than ever the propriety of guarding women during pregnancy from exposure to zymotic diseases, and in this connection measles will receive more of my attention in future.

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## GONORRHŒA AS A FACTOR IN PUERPERAL FEVER.

BY FRED B. ROBINSON, B. S., M. D.

Professor Anatomy and Surgery in Toledo Medical College, Toledo, Ohio.

Very few men who follow the practice of diseases of women are exempt from anxious nights over the generic term *puerperal fever*.

I have lost four cases in my own private practice and in consultation from this dreaded scourge in the last six years. All my best efforts were futile to avert that very unpleasant record. I employed all the learned methods that Berlin and Vienna gynecologists had taught me in several year's residence in those cities, but the women passed the portals that stand ajar in spite of men and books. I studied all the books printed within my command but the puerperal patients died with me, and my colleagues lost an equal number with myself.

I learned some pointed *facts* that whenever a year of erysipelas prevailed a positive increase of puerperal fever occurred. Some close connection existed between erysipelas and puerperal fever in our locality, but many cases died when no erysipelas prevailed. Now, what raised my attention was that my cases were generally primipara or newly married couples. I had learned somewhere that highly emotional, full blooded and sexually active blondes were apt to take the fever. Incidentally it happened that it occurred among some of that very kind of women, but it struck me as a very unsatisfactory explanation. I did everything to keep clean, shaved clean, kept short hair and changed clothes, etc.

The first case I will refer to was so sad that I studied it with an indelible memory. She was a dark-haired, rosy-cheeked girl of eighteen when she married, the very picture of blooming, robust health.

She was in the country in a cottage to be delivered of a child in the eleventh month of her married life. I was called to attend her there where surroundings surely should be healthy. After eight hours labor the child was born but it choked to death by the umbilical cord which wound tightly around its neck. It died a few hours after birth. Immediately after the delivery of the whole placenta the patient presented natural conditions. The milk was drawn out of the breasts by a little girl for several days. Suddenly on the third day the temperature literally sprang up. It rose to one hundred and five and remained about in that condition (one hundred and three to one hundred and five and a half) for almost the whole time until death.

I was called to her and just after I reached her she was seized with a peculiar chill which covered her body with cold perspiration. She



turned waxy pale. The temperature went down but soon rose again. The whole thing puzzled me and did not act like an ordinary chill. Things appeared as if something had burst into the abdominal cavity. The lower abdomen was tender and swollen. Nothing could be felt in the vagina that told any particular story. She was terribly disturbed in the nervous system during the chill. All treatment seemed futile, she went from bad to worse and died some fifteen days after delivery. It was a remarkable course of disease.

The joints became affected and inflamed. Pus was aspirated from the pleura and from various regions. I was convinced that the joints were purulent. The amount of pus in her body was enormous in those two weeks. The abdomen was tympanic and tender toward the pelvis. It was rigid. Her husband was a dissipated painter who no doubt had had several attacks of clap. The woman had not had very much vaginal discharge. No case ever puzzled me so much, because it did not act like the general puerperal fever, and I pondered over it.

About a year after, a case occurred which seems to me threw a ray of light on the previous sad one. I was called to a woman of twenty-three, unmarried. She had been ailing about six months, but kept at her domestic work. She gave an account of trouble referring to the pelvis, but would not permit a vaginal examination. Several days after I was called again and I then insisted on a pelvic examination. The examination revealed the astonishing fact to me that this seeming virtuous single lady had nothing but clap and its results. A peculiar soft swelling, oval, existed at the left of the uterus. I really did not know what to recommend for the moment in such an ugly case. I gave her a physic for severe constipation and distinctly told her to go to bed and not to strain in attempting to drive out the fæces. But she did exactly contrary to what I said. She would get up and sit on the vessel and strain to unload the rectum. That very same night I was called and found her at 10 o'clock in a desperate chill, cold perspiration all over the body. The abdomen was tender and rigid and I told the nearest friend that I thought something had ruptured into the ab-

domen and that she would not live long. Had I been bold enough to open the abdomen and irrigate and drain she would be living now, as I was sure of the diagnosis from the condition of the examination. She just looked like my other case which died after childbirth. This young woman died eight hours after the onset of the pain from pure shock. These cases acted so much alike that I worked very hard and plead like a lawyer for an autopsy, which was finally secured. An old doctor was called to help me make the autopsy. The abdominal cavity was bathed in pus. The loops of small intestines lay coiled in the yellow fluid. I traced the pus to a hole in a cavity of the broad ligament. The old doctor said: "Ah! that is a pelvic abscess. It has burst and killed her. That settles it." But this particular old doctor was educated under the sunshine of Emmet and others who call most abscesses in close proximity to the uterus pelvic abscess. But this was a fallopian tube full of pus pouring its deadly yellow stream into the peritoneum. It was a pyosalpinx arising out of her old gonorrhœa. The pleasure of acquiring that clap was the price of her life. This was about 1887 and it threw a flood of light on the puerperal case of which I spoke. It appeared in that case also that some sort of rupture had occurred and killed her too. No doubt her dissipated husband had infected her long before delivery, and that during labor the contents of some cyst, the pathological result of the clap, had burst, and caused her death.

Other similar cases occurred, but these two illustrate the whole matter. The story is that these young men acquire this spreading luxury of modern society—clap—and then marry before they are cured. But a man scarcely ever gets rid of gonorrhœa, and is capable of infecting a woman many a day after. So soon as a man with clap marries he may impregnate his wife and infect her with clap at the same time. The gonorrhœa steadily advances into the uterus and tubes. By the time the child is ready to be delivered at term, the clap has caused pus to accumulate in the tube—pyosalpinx. The tube at delivery may contain an ounce or so of fluid, and during the mechanical violence of labor, such a cyst becomes

ruptured. Its contents are forced into the abdominal cavity, and death will often follow.

The course of such a disease will act like puerperal fever. But it is really due to the result of clap. This unfortunate accident may occur at any labor, but is most likely to occur at the first or early labors, because the infection of the woman by clap will lessen the chances of pregnancy. But whatever be the condition of a fairly sized, distended tube at a labor, it stands a good chance of being ruptured. Of course the results of clap are not entirely confined to the tubes by any means, and the ovary may be the seat of an abscess, which is liable to be burst during labor. The pus may be pressed out of the tube into the peritoneal cavity, frequently oozing out of the fimbriated end, aided by rupture of the tubal wall.

Now, a young woman may acquire clap, and the disease only ascend through the uterus into one fallopian tube, while the other may remain sufficiently healthy to produce pregnancy. It seems to me that these sudden unexplained cases of death at childbirth will bear more careful investigation in regard to gonorrhœa, and post mortems will clear many cases from obscurity. But such autopsies demand men of competency to properly do them. My attention was recalled to the subject by a visit to London. Mr. Lawson Tait, with whom I was pursuing a course in abdominal surgery, requested me to go with him to London where he was to perform an abdominal section for pyosalpinx on a young woman under the care of Dr. William C. Grigg. Arriving at Dr. Grigg's home we at once proceeded to the lady's house where Mr. Tait removed two large fallopian tubes containing considerable pus. The tubes were convoluted and loculated. The woman made an easy recovery. Dr. Grigg invited us to luncheon after the operation and proved to be a congenial and instructive host. He related how these diseased uterine appendages were liable to rupture at labor. He now knew, he told me, of seven cases in which the post mortem had proved that labor had ruptured the pyosalpinx or ovarian abscess, and killed the woman. Most of Dr. Grigg's cases were primipara, and

so were my own cases, and but for the post mortem, which was difficult to secure, I would never have gotten any practical light on any one of my cases.

I remember a typical case to which I was called, but being absent, an old practitioner was secured in my stead. She was a beautiful, robust woman, married about a year and a half and in her first pregnancy. She married a man whom I knew had the gonorrhoea. The labor proceeded naturally until the child was born, when soon after the mother began to collapse. No bleeding occurred to account for the desperate symptoms, and she died on the same day of the delivery. The catastrophe in such cases is always so terrible that the attending physician is too much chagrined to ask for an autopsy, and the whole matter is carefully hushed. It is my opinion that the very method to pursue to clear the doctor from obloquy, and to give the friends no chance to blame the medical attendant, is to work hard for an autopsy. It is unnatural for a woman to die so suddenly, and when a cause is found, and it will be found at the autopsy, which is shown to have been beyond aid, and not due to careless medical attention, itching ears will stop listening and the tongue of gossip will have cause to stop wagging.

I will give a typical case that occurred under my own eyes, but the woman was the patient of another gynecologist. She married a medical man who had the clap. She had three children but kept getting worse with each child, in the region about the pelvis. About a year after the last child, she was a broken down woman, and it was finally decided to explore the pelvis by an abdominal incision. Long tubes full of pus were removed with great difficulty, together with ovaries. Now had one fallopian tube remained healthy enough to allow impregnation, while the other tube was swollen with pus, during labor the fallopian tube with pus in would have ruptured from mechanical violence. A little later this woman had a pelvic abscess. Some ten months later a suppurating knee joint arose, and now, finally one kidney was suddenly enlarged with this same old gonorrhoeal poison. Her husband infected her with clap several years before, and the result is pyosalpinx, pelvic ab-



cess, suppurating knee joint, and finally pyæmic kidney, which will soon kill the woman.

I could give many illustrations, but the foregoing will no doubt be sufficient to convince that gonorrhœa is no small factor in puerperal fever deaths. Now, the genito-urinary specialist has brought to light the fact that clap in man plays a disastrous and almost life-long effect on the urethra, prostate and testicles. And it is my opinion from dissection in the dead house that this specialist will soon turn his attention to the vesiculæ seminales. He will find that the semen sacs are no holy of holies in which the gonococcus enters once a year and modestly retires from the semen caverns without doing any damage. The gonococcus produces pathology on the vesiculæ seminales which has so far been overlooked. But time will tell all the disease is not in the prostate.

I thoroughly believe that a man hardly ever gets rid of clap, and can infect a woman for years after acquiring it. In the same way the gynæcologist has worked out the idea that clap is an awful scourge to women; that it entails a woman unmeasured suffering and often kills her. Of course, the peculiar pathology distinctly referable to clap and by which a diagnosis can be made with fair certainty can only be acquired by a specialist.

The general practitioner cannot acquire such knowledge, and he constitutes the bulk of medical men; however, the poor, innocent young woman might be better protected if the general practitioner would learn that clap lasts for years in a man. If he believes the specialist is a crazy enthusiast when he says clap lasts a life-time, he might allow the specialist the lesser view that it last two to three years at least. Then when the young man is treating with the general physician for clap he should be told that if he marries within a couple of years after acquiring it he is almost sure to infect his new wife with worst of all preventible diseases. I think that gonorrhœa is more than ten times worse in man or woman than syphilis. The light of modern medical science surely shows us that a man with clap should not marry for two to three years after acquiring it at least, but I am sure I do not know how many decades of years may go away before a

man with old clap will not be very liable to infect a woman in post-nuptial excesses. The post-nuptial excess seems to light up the old disease with new powers to infest afresh after years of quiescence.

## COUGHS, COLDS, AND CATARRH: HOW TO AVOID.\*

BY ALBERT RUFUS BAKER, M. D., CLEVELAND, OHIO.

“A cold in the head;  
 What need be said?  
 Uglier, stupider, more ill bred;  
 Almost any other disease  
 May be romantic if you please,  
 But who can scoff  
 At a very bad cough?  
 If you have a fever you are laid on the shelf  
 To be sure—but then you pity yourself,  
 And your friends’ anxiety highly excited,  
 But who do you suppose  
 Ever pitied a man for blowing his nose?  
 Yet what minor trial could be worse?  
 Unless it be reading this blundering verse,  
 Never fit to be written nor read,  
 No, nor said,  
 Except by a man with a cold in his head.”

Yet a cold is no joke, and like the headache no less welcome because so frequent. It will be my object to-night to give you, if possible, a clearer idea of what a cold is; of some of its more frequent causes; warn you of some of the serious results it leads to, and make some suggestions as to the best methods of its prevention.

If we were all to go out on a picnic excursion, and be exposed to a draught in the railroad carriage, caught in a thunder shower, cap-sized in the lake, or meet with some other exposure to cold or rain, the probabilities are that one of us would suffer from inflammation of the lungs (lung fever), another from inflammation of the joints (rheumatism), another from inflammation of the bowels, etc., while a dozen

\*A popular lecture delivered before the Cleveland Young Men’s Christian Association.

or more of us would escape with an ordinary cold in the head, and the balance suffer no ill consequences whatever. In the language of Artemus Ward, "Why is this thusly?" This is a question which has puzzled the profession for ages, and, indeed, has not been answered to their entire satisfaction yet. I do not propose to enter into a learned discussion of this question, but will assume that there is some essential weakness in the organ affected predisposing it to disease, either as the result of some hereditary or acquired influence.

To return to our picnic excursion, we may say one suffered from inflammation of the lung, because that was his weak organ; another suffered from inflammation of the bowels, because that was his weak point; and a dozen suffered from a cold in the head, because that was their weak spot; and the balance escaped because they had vital power enough to restore the equilibrium of the circulation without resulting in the congestion and inflammation of any organ.

Now, why do so many of us suffer from an ordinary cold in the head while comparatively few have an inflammation of other organs? This may be explained as largely due to the location and structure of the mucous membrane lining the nose. It is the only mucous surface in the body constantly exposed to the air in all kinds of weather and under all circumstances. It is arranged in a peculiar folding manner, so that if carefully dissected off and spread out in a continuous flat surface, it would be as large as this sheet of paper. This membrane is one of the most richly supplied with blood vessels in the body. The object of this large supply of blood and the peculiar folding arrangement of the nasal mucous membrane is to expose as large a surface as possible to the air and thus insure its being thoroughly warmed before passing on to the lungs. But this very wise provision to protect our throat and lungs from exposure to cold air explains our liability to "catch" cold in the head, or in the nose, a more proper expression. This common expression (a cold in the head) is one of the misnomers handed down to us from the past, when the knowledge of anatomy was very limited, and it was supposed that the discharge from the nose during an attack of *chouza* really came from the brain.

The complicated structure of the nasal mucous membrane serves not only to properly warm the air before entering the lungs, but also to saturate it with moisture. Careful experiments have shown that no matter how dry the atmosphere inhaled, as soon as it has passed through the nostrils, it is completely saturated with moisture. It requires at least a pint of water to saturate the average amount of air inhaled by an adult in twenty-four hours. It can readily be understood how complicated an apparatus it must be, and how delicately arranged so to vary the amount of moisture poured out; some days when the air is dry requiring a larger amount, on others when the air is about saturated with moisture requiring little or none; and it is not strange that this delicate mechanism is frequently deranged, especially when there is any obstruction to the free passage of air through the nostrils. You have all been made aware of the importance of this function when the nostrils have been obstructed by a cold, or from any other cause, especially in the morning after having slept with the mouth open, by the dry sore throat, parched tongue and lips, due to these structures making an effort to supply the moisture that the nostrils are especially adapted to furnish.

One of the most frequent results of a cold in the head is the stopping of the nose so we cannot breathe through it, and we are obliged to breathe through the mouth. This is the most fruitful source of a sore throat; we continue mouth breathing a little longer and we have a cold on the chest. A little book that I have seen recently entitled "Keep Your Mouth Shut," contains an immense amount of good advice in its title. This book was written by a clergyman-missionary among the Indians for a number of years. He observed that an Indian never breathes through his mouth, and seldom if ever suffers from a "cold in the head." The Indian squaw, seeing her child breathing through its mouth, closes it at once, and if necessary ties it shut.

An Indian, about to wrestle with a white man much larger than himself, expressed himself as not afraid of the result because, said he, "the white man breathes through his mouth," and the result was as he anticipated. The mouth breather will always come out second best in an athletic contest.



Another result of taking cold, and the most frequent one, is a chronic nasal catarrh, from which almost everyone in this changeable climate suffers more or less.

A few years since I visited the principal medical schools of Europe for the purpose of study. Catarrh was one of the diseases I thought I would investigate thoroughly. I was well aware that little had been written on this subject by European authors, but was much surprised to learn that what we call catarrh, and take as a matter of course, because so common, is a comparatively rare disease in Europe. I was not long in learning some of the reasons why catarrh is so rare there, and that helped me, in part at least, to understand why it is so common in America. In the first place, their climate is not nearly so variable as ours; they do not have the extremes of heat and cold, and never have a variation in temperature of twenty or forty degrees within a few hours as we do. In the second place, they do not keep their houses as warm as we do. I remember once when calling on some friends in Berlin on a moderately cold day, of finding ladies and gentlemen sitting around the rooms with shawls and rugs wrapped around their feet to keep them warm, and when I took a seat was offered one also. The room was cold enough to make it necessary, and I found the habit of offering a hot brick and a shawl to a guest a frequent one throughout Germany in cold weather. They dress warmer in winter than we do. My first winter in Berlin I was wearing an overcoat which I would have considered warm enough for our coldest weather, but in the eyes of the Germans it seemed very light, so much so that I felt impelled by a sense of propriety to buy a heavy fur-lined overcoat.

Their system of ventilation is much superior to ours, and consists simply in making all windows double so that one can be opened at the top and the other at the bottom, and thus get excellent ventilation without draughts, and at the same time economize fuel; and the expense is small compared with many of our complicated ventilating apparatus, which are more ornamental than useful. Some of our modern railway carriages are ventilated by double windows in this way.

Another very frequent result of "catching cold" is deafness, and nearly four-fifths of all the cases of ear trouble the physician is called upon to treat have their origin in the nose or throat. There is an opening from the upper part of the throat leading into the ear, called the eustachian tube, after the old Roman anatomist, Eustachius, who first described it. This opening answers the same purpose that a hole does in the side of a drum. Almost any boy knows that if he plugs up the air hole in the side of his drum he cannot get much noise out of it, because the drum head cannot vibrate easily if there is not some escape for the air contained within its cavity. There is a similar arrangement in the construction of the ear; if by any means the eustachian tube becomes closed, we will not hear well because the ear drum cannot vibrate properly when the air contained in the middle ear cannot enter and escape freely.

Most of you have at some time or other, either while suffering from a cold, gradually or suddenly become quite deaf. Your voice sounded strangely and far off; there was a singing or ringing noise in the ear; but after persisting for some time you heard a loud noise in the ear and then you heard quite well again. This was a case of closure of the eustachian tube, and the noise you heard was its sudden opening and the entrance of air into the ear again.

A repetition of this condition with each fresh cold, the disease gradually extends farther up the canal until it finally reaches the middle ear, and we have a case of catarrh of the middle ear. If this is neglected, as it usually is, for ten, fifteen, or twenty years, we have a case of "dry catarrh of the middle ear," one of the most common and at the same time most hopeless cases of deafness the physician is called upon to treat.

We must not dwell upon this part of our subject longer, but hasten to consider the practical part, or how to avoid coughs, colds, and catarrh.

In a primitive state of civilization this might not be such a difficult question to answer—possibly the adoption of the simple precaution of the savage—"keep your mouth shut," would be all that

would be necessary. But so long as we have hot, illy ventilated houses, and dress according to the dictates of fashion instead of in accordance with the teachings of common sense, and eat indigestible foods at unseasonable hours; in fact, as long as we comply with the demands of modern civilization we will have coughs, colds and catarrh.

Much could be done to improve the ventilation of our homes, churches, theaters and schools. By constant preaching, scolding, and lecturing, people may learn to keep the temperature of their houses at a moderate degree of warmth. There has been much written recently about the increase of catarrhal and lung troubles in Pittsburgh and other cities since the introduction of natural gas as a fuel, attributed erroneously to the irritating properties of the gas, but all due to the high temperature the atmosphere is kept in the houses where gas is used as a fuel. I hope the time is not far distant when we may have natural gas in Cleveland, but we must remember and watch our thermometers and keep the temperature down, or we will have an increase in catarrhal troubles.

I think that in many respects, especially ladies dress more sensibly than they did a few years since. Yet so long as society is constituted as it is at present, people will be exposed to colds, and no amount of precaution in dress or otherwise will always protect us from wet feet, draughts, etc. Yet the average man dreads a draught of cold air when in church, theatre or railway carriage, more than he does cholera. He is so hostile to fresh air that he will take it as an insult if a window is raised or a door opened; and he has an unaccountable preference for the certainty of being smothered to death to the remotest chance of "catching cold."

Now, how may you and I learn to not only endure draughts, but positively enjoy them without catching cold? Simply by lessening the morbid sensibility of the surface of the body. We do not take cold by exposing the hand or face to cold because they are accustomed to it. We may lessen the sensibility of the whole body in the same manner by exposure and friction in the air or sun, followed by cold sponge baths. This

exposure and cold sponge bathing must be accomplished gradually so that we react from it promptly, and the length of time and the temperature of the water must be graduated according to the requirements of each individual. The salutary effects of exposure may be increased by two or three deep chest inspirations. Before any water is applied the body should be rubbed briskly three or four times a week with a hair mitten and strap, or a coarse towel, until a glow and sense of warmth are produced over the whole body. When possible, the bath should be taken in a sunny room. It should always be kept in view that the object of the treatment is to gradually and systematically lessen the morbid sensibility of the body, by daily exposing the entire skin surface to air, light, friction and cleansing in an atmosphere as nearly as possible at that of the prevailing temperature. By following this plan, it has been found by experience that one may not only lessen their susceptibility to taking cold, but will enjoy better health in every way. Of course certain precautions will have to be used. It might not be applicable to invalids, and no one would plunge into its full application in mid-winter.

A recent method of preventing colds recommended by no less an authority than Brown-Sequard is that of blowing of cold air upon the back of the neck with a small hand bellows, for a few minutes several times daily. It is said that the most sensitive persons to taking cold will, in a few weeks, become so hardened that they will positively enjoy a draught of cold air. The principle is the same as that of cold sponge bathing and exposure, and I can imagine it would prevent the tendency to catch cold to a very great extent; yet I think it a very poor substitute for the sponge bath. The novelty of it may, however, induce many to follow out the practice who could not be induced to take a sponge bath.

Dr. T. E. Evans, in a recent communication to the *Scientific American*, relates his war experience with "taking cold," which was very much like that of many soldiers. He says: "I served with the 13th N. C. regiment, and though considered quite a delicate young man, I went through with the rest much hardship and



exposure. The severest cold I had in the war was when my company was eating its wheat bread in the winter of 1861, at Tod's Point, Va., where we had close, comfortable cabins and large roaring fires. There was too much comfort. I had suffered for years from severe attacks of tonsillitis and ulcerated sore throat, that every year confined me to bed for weeks. Yet as a private in infantry for fifteen months, and an officer in line the rest of the war, doing hard service, marching through snow, sleet, rain, mud, often sleeping in mud and water, and occasionally waking in the morning covered with snow, I had but one other attack during the whole war, and that was in November, 1863, when we left newly built winter quarters near Orange C. H., Va., (the close, comfortable cabins again,) to go after Meade at Vadairstville."

I would not advise "marching through snow, sleet, rain and mud, and often sleeping in mud and water," as a hygienic measure, yet such a course would almost invariably cure the tendency to suffer from coughs, colds and catarrhs.

A few words as to the care of the feet. Shoes should be large, with broad, heavy, thick soles. Travelers in Arctic regions wear reindeer stockings and seal skin boots, in the bottoms of which is placed dried grass. This is the foot-gear of the Esquimaux, who seldom, if ever, suffer from cold or frost bites.

Washing does not make the feet tender as some suppose, but it hardens them. Sir Astley Cooper, the great English surgeon, who passed thirty years of his life without taking cold, attributes his immunity to the daily habit of bathing his feet in cold water. He was, however, accustomed to bathing the entire body with cold water frequently. It is said he seldom, if ever, wore an overcoat.

Ointments, lotions, powders, etc., recommended to harden the feet are not only filthy, but positively injurious. A free application of soap and cold water daily, when good, large shoes are worn, will not only be of great benefit in avoiding colds, but will prevent corns and tender feet as well.

As to clothing in this changeable climate, woolen underclothing should be worn all the year; heavy in winter, light in summer.

Anyone who has tried it will confirm the statement that woolen underclothing is warmer in winter and cooler in summer than cotton. All underclothing worn during the day should be changed at night. Many persons cleanly in all other respects sleep in their underclothing. The necessity of making this change will appear when we consider that a healthy adult weighing one hundred and forty pounds takes on an average into his system every day from five to seven pounds of raw material in the form of food, air and drink. This is equivalent to changing his entire weight every twenty days. A few years ago it was said we had a new body once in seven years, but it is nearer the truth to say that we have practically a new body once in twenty or thirty days. It is to be remembered this is not a mere passing through a sort of straining process, but this material becomes a part of the living, acting man, serves its purpose, is worn out—dead—and is discharged as useless, waste, wornout material. About two pounds and a half of this wornout material is disposed of through the skin daily. This wonderful sewerage system consists of two and a half millions of perspiratory glands. Each one of these glands is about one-fifteenth of an inch in length. The entire length of this glandular tubing is about two and one-half miles. Thus it will be seen that the underclothing when worn continuously must contain a large amount of excreted material. In order to free them as much as possible they should be removed at night and placed where the air can circulate through them freely. There is a peculiarly characteristic odor to sweaty, unchanged under clothing which can be detected on the street.

If for any reason the skin only excretes one pound and a half during the day the other pound will be thrown off by the mucous membrane, constituting a *catarrh*.

But attention to the skin is not all that is necessary to avoid catching cold, for—

There's a skin without and a skin within,  
A covering skin and a lining skin ;  
But the skin within is the skin : ithout,  
Doubled inward and carried completely throughout.

The palate, the nostrils, the wind-pipe and throat,  
Are all of them lined with this inner coat,  
Which through every part is made to extend,  
Lungs, liver and bowels, from end to end.

The outside skin is a marvelous plan  
For excreting the dregs of man ;  
While the inner extracts from the food and the air  
What is needed the waste of the flesh to repair.

Too much brandy, whisky or gin  
Is apt to disorder the skin within ;  
While if dirty and dry the skin without,  
Refuses to let the sweat come out.

Good people all, have a care of your skin,  
Both that without and that within ;  
To the first give plenty of water and soap,  
To the last but little else than water, we hope.

But always be very particular where  
You get your water, your food and your air ;  
For if these be tainted or rendered impure,  
It will have its effect on the blood, be sure.

The food which will ever for you be the best  
Is that you like most and can soonest digest ;  
All unripe fruit and decaying flesh  
Beware of, and fish that is not very fresh.

Your water, transparent and pure as you think it,  
Had better be boiled and filtered ere you drink it,  
Unless you know surely that nothing unsound  
Can get to it over or under the ground.

But of all things the most I would have you beware,  
Of breathing the poison of once breathed air—  
When in bed, whether out or at home you may be,  
Always open the window and let it go free.

With clothing and exercise keep yourself warm,  
And change your clothing quickly if caught in a storm ;  
For a cold caught by chilling the outside skin,  
Flies at once to the delicate lining within.

All you who thus kindly take care of your skin,  
And attend to its wants without and within,  
Need never of cholera feel any fears,  
And your skin may last you a hundred years.\*

Speaking of the influence of food and drink upon the system in this connection, the late Dr. C. R. Agnew says that he is convinced that the reaction from even moderate doses of alcoholic stimulants increases the tendency to "catch cold," and that one who has taken an alcoholic stimulant under the delusion that by so doing he may keep the cold out, should instantly put on an additional overcoat to keep his animal heat in. This conclusion is arrived at entirely irrespective of the question as to whether alcohol is food or not. If it be food, he believes it is, as a rule, very bad food.

Every article of food that merely excites the nervous system without material to make good tissue belongs to the same category.

Every article of food that induces dyspepsia and indigestion should be avoided. The stomach and digestive organs should be trained to vigorous action. A man who cannot teach his stomach to be a good and provident servant of the body is to be pitied indeed. Everyone should learn to eat coarse, farinaceous food. Many articles of food, such as oat meal, grits, beans, peas, corn bread, etc., not only contain indispensable tissue building material, but by their mechanical contact with the digestive organs, do for them a work something like that which friction with a coarse towel does for the skin. It cleans the alimentary canal of much of the sticky mucous, and leaves it in a condition to do better work. We increase the usefulness of other organs by giving them work to do, and I think we make a mistake very often in attempting to give the stomach food which is already partially digested, and follow it with pepsin and other digestive ferments. I would recommend a breakfast of coarse food, such as oat meal, milk, eggs and fruit, and possibly coffee; a lunch somewhat similar, and a dinner consisting of several courses of fish, meats and vegetables; and by all means stop eating dinner in the middle of the day, as is the almost uni-

\* Powers.



versal practice in Cleveland. Did you ever stop to observe the average Clevelander eating his dinner in the hotels, restaurants and eating houses of our city?

It reminds me of the manner in which the Pennsylvania lumbermen get their logs down to the saw mill. They build a dam across the head waters of some small stream; they then haul, roll and slide the logs into the creek, and after it is full they cut the dam loose, and on the resulting pond-fresh wash their logs down to the saw mill. The average resident of Cleveland eats his dinner by rushing into the nearest hotel, restaurant or eating house, fills his mouth with bread, butter, meat, fish, pie, cake, anything he can lay his hands on; when he gets his mouth so full that it will hold no more, he pond-freshes it into his stomach with a hot cup of tea or coffee. This process is repeated as long as there is anything more before him to eat. He then rushes back to work and complains because he is drowsy and sleepy all the afternoon, and in all probability suffers from headache.

But this barbarous method of eating is not the only cause of catarrhal troubles. There are no people so little robust in their habits as the Americans. They never walk when they can ride, and always prefer the carriage to the back of a horse. The rocking chair is an American invention, and is expressive of the physical inactivity of the people. They are hardly equal to the effort of sitting, and lie on two chairs rather than sit on one. They are emphatically an indoor people and only use their legs when forced to keep moving on in the treadmill of daily business. Our people live too much in the city,

Where wealth accumulates and men decay.

They know but little of the pleasures of the road, the woods, the field and the river; while the robust Englishman sallies out in all weather and under all circumstances, the delicate American only saunters out in the sunshine and pleasant weather. While I am far from being an anglo-maniac, I would be pleased to see more of the English love of out-door sports and out-door life infused into our American young men and women; if this were possible, our

young men would not be characterized as he whose lungs are never inflated, and whose chest accordingly contracts ; whose shoulders bend under their weight, whose muscles shrink, and whose legs become lank from disease, whose face waxes pale from in-door life, whose brain grows languid from exhaustion, and whose nerves are raw and irritable from excitement. The Y. M. C. A., the German turnvereins, the athletic clubs with their gymnasiums, their boxing clubs, their outing club and bicycling turnouts, are doing much to counteract these debilitating tendencies of American life ; and we hope the time is soon coming when no mother who loves her son's welfare will prohibit him from playing base ball, for fear he may injure his fingers and not be able to play the piano. One good game of base ball is worth more to a boy's physical, mental and moral development than a year's practice on the piano.

But in order to avoid this tendency to take cold, it is not only necessary to be housed, warmed and clothed properly, to eat, drink, sleep and exercise properly, but it is necessary to be trained mentally properly.

Peter the Great having learned shipbuilding and taught his countrymen to build a fleet, was in a hurry to man it. As the Russians were not a seafaring people, and sailors accordingly scarce, the Emperor thought of this original expedient to obtain an immediate supply. He accordingly gathered together at St. Petersburg from all parts of his wide domain a large number of youth, and ordered that they should have nothing else but salt water to drink, that they might be at once inured to the sea. They, however, all died in the experiment. This imperial procedure is just as reasonable and very much like the process which prevails with us in the education of children. If we succeed in making smart youths we cannot boast of strong, well-developed men and women.

The brain and nervous system is the last to become developed, and should be the last to receive compulsory tasks.

It is said that "Corbett, the great English author, never gave a compulsory lesson to his children until after they were sixteen years of age, and it is reported that he himself did not learn to read until

after he was a man grown." "Those infant phenomena, the little philosophers and encyclopedists in petticoats, who show off their learning so much to the pride of the family and the confusion of visitors, are apt to be but so many specimens of disease."

I am sure that I would not be doing my duty in closing without warning you against the use of the innumerable catarrh cures advertised so extensively in the secular and religious papers. Everything in the way of powders and snuffs applied to the nostrils is almost always bad. Dr. Sihler, of Philadelphia, author of a work on diseases of the nose, and one of the best authorities we have on this subject, made the above statement a few years since to a class of medical students, and by way of example mentioned incidentally a popular catarrh snuff. The proprietors of this patent nostrum sued Dr. Sihler for a large amount of damages. Of course they were not able to collect anything, but they accomplished their purpose in causing the doctor great annoyance and in gaining a large amount of free advertising from the newspaper notoriety given the case.

Another popular appliance used in the treatment of nasal catarrh, and even more harmful, is the nasal douche. The nasal douche never ought to be used except under the skilled supervision of an educated physician; and even when used by the attending physician I have known the most unfortunate results to follow its use. I have known several deaths traceable directly to the nasal douche, and many of the severest cases of inflammation of the middle ear I have been called upon to treat have been the result of the injudicious use of this appliance. Less harmful, yet of positive injury in these cases, is the smoking of cubes and other articles and blowing the smoke through the nostrils, or inhaling the fumes of ammonia, iodine, or similar substances through the various inhaling apparatus advertised so extensively. Many of these substances give temporary relief, but their permanent effect is injurious.

It is a popular saying that catarrh cannot be cured. This is a serious mistake. The fact is, most cases of catarrh will get well

without treatment if the patient will stop taking cold. This is proven by the fact that many cases are cured by a change of climate or occupation. There are few diseases so easily cured by treatment; but the trouble is they will not stay cured. This is the reason why so many physicians neglect to treat nasal catarrh, because they have found by experience that as soon as the patient takes cold again he is just as bad off as ever, and if the patient will make no effort to lessen his tendency to "catch cold," the treatment is worse than useless.

I have made it a rule for many years when treating catarrhal troubles to give my patients some practical advice as to the best means of avoiding "colds," such as I have endeavored to give you to-night, and when received and acted upon intelligently I have found coughs, colds and catarrh some of the most amenable to treatment among the many diseases for which the physician is called upon to prescribe.

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### A BRIEF SPECULATION UPON MORBID GROWTHS.

W. C. BUNCE, M. D., OBERLIN, OHIO.

I am inclined to believe morbid and malignant growths to be due to a perverted formative or nerve influence, acting through the medium of the nerve centers. The impulse that determines the formative process of cells, and their determination to different portions of the body for their supply and nourishment, when perverted, causes a *hybrid-cell*, possessing more or less the characteristics of some normal cells, but an outcast having no place in the physical economy, and which is deposited in that portion of the body offering the least resistance (scar-tissue, irritated or congested surfaces).

Billroth and Rindfleisch have both recognized a resemblance between the cells of carcinoma and the cells of gland structure. In some growths the similarity has been so marked as to suggest their name (epitheloma and fibroma). The brain is a delicate surface, rendered sensitive to receive impressions and transmit them through channels that convey them to centres where they develop and stamp



themselves upon the individuality of structures. The wear, tear and push of modern enterprise, tax the nervous system. The irregularities of modern life and the manner of living, tend to increase the strain upon the nerve centres and assist in this half formed purpose of nature. We have several instances of misdirection in the determination of cells once formed (fatty heart and the various so-called degenerations). Why not a primarily perverted, formative process in these cells themselves? Cancers when once formed pursue a mode of life peculiar to themselves; their nourishment and development are not influenced by the function or nutrition of the part with which they are connected.

Various men have proclaimed the discovery of a microbe or parasite as the cause of cancer. In 1888, Neisser claimed to have found a peculiar parasite as the cause. In 1889, Thomas published a paper describing a nucleated organism found in groups. In 1890, Wickham published a description of a double-centered capsule enclosing a protoplasm, that he had found in Paget's disease of the nipple.\*

Most recent investigations show that the same kind of bacillus is found in various conditions. Dr. Dean, of Aberdeen, Scotland, a student in Prof. Virchow's pathological laboratory, has made a series of investigations regarding a germ discovered by Dr. Russell, of Edinburg. The bodies of germs were found as described in all specimens of carcinoma examined; some having an abundance, others few and hard to find. They were found in fibroma uteri, in a syphilitic gumma of the lung, in a lactating and non-lactating mamma, and also in phthisis of the lung.† Showing that the bacillus, as far as discovered, is not confined to malignant growths, hence is not characteristic of them; nor can we believe them to be the cause, but rather the result, of such lesions.

Attempts have again and again been made to inoculate or ingraft cancer and sarcoma, but without result. Wehr succeeded with dogs, in inoculating cancer. He made twenty-six experi-

\* N. Y. Med. Jour., Jan. 24, 1891.

† Cleveland Med. Gazette, April, 1891.

ments; in some, the neoplasm was absorbed; in others, the ingrafted mass increased in size, ultimately causing death.\*

There is not a tendency to their formation in any one tissue. Dr. Isamal Owen has perfected maps of the geographical distribution of disease, for the investigating committee of the British Medical Association, but fails to show any district to be a favorite one for the distribution of cancer.

The hybrid condition, where found in nature, lives according to laws peculiar to itself, and is incapable of producing its species or kind. A portion of a morbid and malignant growth introduced into healthy tissues, we would expect to produce disaster, but so far as we are able to learn, there remains yet to be found a bacilla that will produce cancer. The tests of its genuineness are its power to produce the same unhealthy condition as where discovered in otherwise healthy tissue.

\* Med. Annual, 1890.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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TWO DOLLARS PER ANNUM IN ADVANCE.

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Vol. VI, begins with November, 1890. Subscriptions can begin at any time.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number. addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### THRESHING THE OLD STRAW.

"When it suddenly flashes into the consciousness of a writer who has been long before the public," says the venerable author of "Over the Teacups," "Why, I have said all that once or oftener in my books or essays, and here it is again, the same old thought, the same old image, the same old story!" It irritates him and is likely to stir up the monosyllables of his unsanctified vocabulary. He sees in imagination a thousand readers, smiling or yawning as they say to themselves, "We have had all that before," and turn to another writer's performance for

something not quite so stale and superfluous. This is what the writer says to himself about the reader.

The idiot! Does the simpleton really think that everybody has read all he has written? Does he really believe that everybody remembers all of his, the writer's, words he may happen to have read?

At one of those famous dinners of the Phi Beta Kappa Society, where no reporter was ever admitted, and from which nothing ever leaks out about what is said and done, Mr. Edward Everett, in his after-dinner speech, quoted these lines from the *Æneid*, giving a very liberal English version of them, which he applied to the oration just delivered by Mr. Emerson:—

Tres imbris torti radios, tres nubis aquosæ  
Addiderant, rutili tres ignis, et alitis **Austra**.

His nephew, the ingenious, inventive and inexhaustible Dr. Edward Everett Hale, tells the story of this quotation and of the various uses to which it might be applied in after-dinner speeches. How often he ventured to repeat it at the Phi Beta Kappa dinners I am not sure; but as he reproduced it with his lively embellishments and fresh versions and artful circumlocutions, not one person in ten remembered that he had listened to those same words in those same accents only a twelvemonth ago.

The poor deluded creatures who take it for granted that all the world remembers what they have said, and laugh at them when they say it over again, may profit by this recollection. But what if one does say the same things—of course in a little different form each time—over and over? If he has anything to say worth saying that is just what he ought to do. Whether he ought to or not, it is very certain that this is what all who write much or speak much, necessarily must and will do. Think of the clergyman who preaches fifty or a hundred or more sermons every year for fifty years! Think of the stump speaker who shouts before a hundred audiences during the same political campaign, always using the same arguments, illustrations and catchwords! Think of the editor, as Carlyle has pictured him, threshing the same straw every morning, until we know what



is coming when we see the first line, as we do when we read the larger capitals at the head of a thrilling story which ends in an advertisement of an all-cleansing soap or an all-curing remedy!"

It is a comfort to have such well established precedents in a practice which seems necessary for us to indulge in. We did sometimes fear it would prove unbearable to the patient reader—the persistent and repeated pounding of our flail at the same old straw, month after month and year after year. Once it is counter prescribing by druggists that is on the floor, and every incident and argument goes to show that its consequences are disastrous to the best interests of the public and the profession and detrimental to the true advancement of the druggists themselves, and it ought to be stopped.

The advantages of Cleveland as a medical centre have been well worthy of our consideration. We now have schools, hospitals and clinical advantages equal to the best anywhere. Instructors competent, material sufficient to fully occupy the mind of the brightest student, either undergraduate or post graduate. The time is past when it is necessary to go east, west, or abroad to secure a medical education or work up a special branch. While it may be a good thing for the American student to spend a time in London or Berlin, and observe how they spread the course of study over year after year so as to leave time to enjoy life between study hours as they go along, on the other hand it might be a good thing for the European student either before or after graduation to take a course over here and see the American getting down to the course of study like an athlete training for a battle, and take some lessons in practical sagacity, the application of principles to cases and adaptation of means to ends, that he cannot see outside of America.

The matter of fees and fee bills, which has remained in a somewhat primitive stage in this city and parts of the country, and of systematic business habits among physicians, has received attention with good effects in this community at least.

Criminal abortion is a black and damning blot upon the hand of some who have been honored with the title of doctor of medicine.

We could point the finger at several who, while endeavoring to

pass as clean, decent and respectable members of the profession, are indulging in criminal practices. While the evidence of their guilt would not convince a jury confused by contending lawyers, it is sufficient to satisfy physicians who know the ways of patients and doctors, and are able to weigh evidence as a jury cannot. Not only this vile practice shall, as it has in the past, be shown up in its real blackness, but those who follow it need not at any time be surprised to find the evidence of their acts submitted in these pages to the judgment of their fellows, even though they have hidden them too much to be found by a court of law.

The need of proper legislation to regulate the practice of medicine in this state is another subject necessary to point out constantly to the eyes of the profession. It is easy to see—it is always before us and all around us. As other states, one after another, pass laws ridding themselves of the vermin of charlatanry, these vermin find harbor and refuge in Ohio, and grow more numerous, fatter and richer and more impudent every year. It would be harder now than in any time past to secure proper legislation. Delay increases the power of the enemy by reinforcement from other states, and augmenting wealth and influence. When will the profession rise and stamp out this evil?

From time to time new themes arise to which we shall devote our earnest efforts. We shall always endeavor, as in the past, carefully to separate the wheat from the chaff.

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### THE BICYCLE AS A SUBSTITUTE FOR THE DOCTOR'S HORSE.

It is said that Asclepiades, the ancient quack, perambulated the world on a cow's back, living on her milk as he went along. We have no assurance that this mode of conveyance ever became popular with the profession. It was customary, however, for the English in Charles II.'s time, to visit their patients on horseback, sitting sideways on foot clothes like women. Andery says that Harvey, the great English anatomist, rode on horseback with a foot cloth,

his men following on foot, as the fashion then was, which was very decent. Later, carriages of various kinds, some very showy, came into vogue.

And until very recently physicians were distinguished in American cities by the use of a special kind of phæton.

It would be profitable to consider the advantages of the bicycle as a hygienic and curative measure for the doctor's patients, but at present we wish to confine our attention to the use of the wheel as a mode of locomotion for the physician himself.

There were many disadvantages in the use of the high wheel, none of which can be urged against the safety bicycle, which is at present fast superseding the former for every purpose. Anyone can in a short time learn to ride a safety wheel forty to sixty miles a day and not feel as much fatigue as riding an easy saddle horse the same distance, and little if any more than if the same journey was made driving a carriage. A hundred miles a day is not a difficult feat on good roads, or ten or twelve miles an hour requires less effort than walking the same length of time.

The use of the bicycle in England and on the Continent by professional men has become almost universal, and in this country is rapidly becoming more so, but less in Cleveland than in many other cities. It can be used in all kinds of weather and upon all kinds of roads, excepting deep mud and sand, and the cushion and pneumatic tire have almost overcome even mud and sand. The writer used his safety all of last winter to make his night calls, and should have used it nearly every day if it were not for the fear of causing comment if seen on the streets in mud and snow and rain and sleet. As someone has said of the bicycle, "it requires no stable nor groom, eats nothing, is always ready, is never sick nor lame, shies at nothing, and will not kick or run away." What better animal could the physician require? A good safety bicycle can be bought for one hundred dollars; five dollars a year will more than pay for oil and repairs.

A fair horse costs \$200; buggy, harness, etc., \$300; year's board, \$200; shoeing and repairs, \$50; while the risk of sickness, accident and death are great. It will thus be seen that the expense is very

much in favor of the bicycle. It is easier to learn to ride a bicycle than a horse, and the danger of serious accident is much less, and it is infinitely easier to ride a bicycle *well* than a horse; even a fair rider is never undignified. The objection that it does not look professional to ride a wheel is purely imaginary. Even our clergymen attend funerals on their wheels, and why is it not dignified for a physician to attend his cases on a vehicle that will out-distance the fastest horse, and our rapid transit electric motors are not to be compared to the bicycle in speed. Age, sex, health or previous condition offers no objection to riding the wheel.

For the young physician just starting in practice the bicycle solves the perplexing problem of the expense of buying and keeping a horse for the first few years. The established practitioner who does not desire to keep an extra horse or who wishes to send his horse out to grass for a few months, will find the bicycle can serve him well.

The specialist, who is confined long hours in his office and needs out-door exercise, will find his wheel a never-ending source of delight as well as a means of exercise and preserving health. And for all those provoking calls that come just after one's horse has been sent to the stable, night calls, hurried calls, calls too long to walk, calls too short to drive, the bicycle is always ready and can be depended upon every time to "get there" without delay.

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## PERISCOPE.

THE POSSIBILITY OF WOUNDING THE ARTERIA EPIGASTRICA INF.  
IN PARACENTESIS. DR. R. V. TRZEBICKY.

Paracentesis is one of the oldest operations. The old point of election is that given by Monro and is the middle point of the line extending from the umbilicus to the anterior superior spinous process of the ilium. In about one hundred cases v. Trzebicky has made the puncture at this point only a few times. On one occasion, however, when the puncture was made exactly in this point, after



over ten quarts of fluid had been withdrawn, drawing out the canula was followed immediately by a free arterial hemorrhage which was with difficulty controlled by pressure. The patient became extremely pale and the pulse imperceptible. Aroused by this case v. Trzebický raised the question whether the hemorrhage was due to an abnormal course of the artery or to a badly chosen point for operation. He examined thirty-six bodies, first making a puncture exactly in *Monro's point* and then by careful dissections, layer by layer, determined the position of the injected artery.

v. Trzebický grouped the bodies in two classes, those whose abdominal walls were sunken or flat, and those in which the abdomen was prominent.

In the first group were twenty-five of his subjects. In five of these the artery ran directly through the point of election of *Monro*. In three, it was distant less than one-third inch. In seven, the trocar struck a large branch.

In the second group were ten bodies, in two of which the artery lay in the point of election and in one it was less than one-fourth of an inch away; in six cases larger branches ran above the point.

Inasmuch as in the flattened abdominal wall the epigastric artery or its branches lay so often in the space chosen by *Monro* for paracentesis, and this being the class of cases in which the operation was never performed, the question rose how would it be when the abdomen was distended. To answer this, three bodies in which *Monro's point* was determined were injected into the abdominal cavity with water through the umbilicus. In these cases the point of puncture was moved about one-quarter inch downwards and outwards. His summing up is as follows: (1) In most cases *Monro's point* is suitable; (2) nevertheless, the artery may be wounded at this point; (3) the position of the artery upon both sides is only occasionally that presumed in choosing this spot; (4) inasmuch as the artery runs in the sheath of the rectus muscle, the course of the artery is dependent on the position of this muscle, and consequently if the muscle be forcibly stretched (in *diastasis*) there arises a danger of injuring the artery in *Monro's point*; (5) the height at which the epigastric branches from

the iliac seem to exert no influence on the farther course of the vessel. Upon these observations the author concludes the best points for puncture to be the linea alba, or occasionally the outer half of the line from the umbilicus to the spina ilei ant. sup.—*Review by H. Pacanowski in Schmidt's Jahrbucher d. gesammt Med.* p. 147.

SCARLATINAL NEPHRITIS. PROF. S. J. SORESENSEN.

Scarlatinal nephritis reveals itself clinically in a late stage of the disease, but we must not regard this symptomatic appearance as the beginning of the trouble. Much earlier there have been in progress changes which evidence themselves only after attaining a certain extent and intensity in the kidney.

The beginning symptoms of scarlatinal nephritis are scanty urination, albuminuria and accompanying general phenomena; later, haematuria and the abundant discharge of formed constituents in the urine with increasing diuresis and disappearance of the general symptoms. All cases conform more or less closely to this type and there is no reason to classify the symptoms under the several forms of the disease. This form of nephritis often manifests especial severity in cases with intense and extensive scarlatinal diphtheria.

In the majority of cases scarlatinal nephritis pursues a favorable course, and "almost never" becomes chronic.

In case of death, we must still be cautious in ascribing it to the renal complication. Very often the fatal ending is due to a pneumonia following the nephritis. When death does occur as a result of the kidney lesion, it comes in the early stages of the lesion. When the urine becomes more abundant, contains more blood and formed elements, the crisis is past and the kidneys are beginning to free themselves.

Just as Soerensen contends that clinically there is but one form of scarlatinal nephritis, so he contends that the pathological changes apparently diverse are in reality but different stages in a single sequence of events, in which the earliest member is the affection of the glomeruli; the next, changes in other vessels; and, lastly, a diffuse interstitial nephritis involving in part the epithelium. It is easy thus to understand the widely differing clinical pictures that

present themselves, inasmuch as the intensity of the affection of this or that part does not necessarily conform to the intensity of the process in other parts.

Experience teaches concerning the clinical phenomena, "that in light cases of scarlatina the kidneys show localized changes, and in case the patient has remained out of bed till a nephritis occurs, with a pneumonia following, the post mortem examination will probably show a glomerulo-nephritis."

Should the patient die from an intercurrent affection in the course of an intense hemorrhagic nephritis, usually here also will be found a glomerulo-nephritis, although not a pure one.

On the other hand, if the patient presented the well-known picture of an intense diphtheritic scarlatina, with varying localization of the diphtheritic process, and lie for a long period in a septic condition with or without renal symptoms, there will be found large soft kidneys with diffuse changes.

Also in cases of the scarlatinal nephritis, which pursues a favorable course, there may remain behind slight anatomical changes, which represent a certain amount of danger from new morbid processes.—*Review by Dippe, do p. 143.* J. P. S.

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## AMONG OUR EXCHANGES.

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The last and most effective word anent the much discussed topic of *antiseptics in midwifery* comes from the pen of DR. AIRAM CORSON, the Nestor of the medical profession of Pennsylvania. He gives conclusions based on over three thousand cases he has personally and carefully recorded and attended since his first case in 1827,\* and on the experience of other practitioners of long practice and noted for their skill; and he maintains that the craze for the use of antiseptic pads, bichloride injections, etc., is not only useless but more dangerous even than the old plan which he found in vogue over sixty years ago, of leaving a woman the full nine days without even washing or changing her clothes, for fear of

\* Jour. Am. Med. Association, May 30, 1891.

"taking cold." He says: "If these women, thus treated, with no antiseptic measures before labor, none during it, nor afterwards, for the proverbial 'nine days' which were to complete the lying-in period, passed safely through this ordeal, and repeated it again and again, not one in many hundreds suffering from puerperal fever, is it reasonable that other precautions are more needed than those of cleanliness obtainable without the use of antiseptics which are now so much used and which, from their poisonous nature, have in some cases caused the death of the patient?" A friend of Dr. CORSON's, who, with attention to simple cleanliness had had no trouble with puerperal complications, wrote him "As for germs, if they are as numerous and as rampant as writers and teachers would have us believe, then every puerperal woman in the country ought to die of peritonitis. The scrubbings and squirrings may be all well for hospitals, but in communities of decent people they are useless and worse than useless." The trouble with our American teachers is that instead of availing themselves of the experience of American practitioners of education and acute powers of observation, they have borrowed their prognosis and treatment second-hand from medical teachers abroad. Dr. CORSON, and those who like him are practicing the obstetric art as it was taught in Philadelphia in the first third of the century, have been in the habit of not seeing more than one case of puerperal peritonitis in a thousand confinements. Surely a complication occurring in only one-tenth of one per cent. of the cases cannot require the fuss and feathers of antiseptic pads, and all that nonsense; and instead of the man who is simply *clean* being "guilty of criminal malpractice" as prominent antiseptomaniacs claim, it is the man who jeopardizes the life of his patient by intra-uterine and intra-vaginal injections of bichloride of mercury and the like, who is the dangerous man. The value of the *hot colon douche* as a measure of relief in pelvic and abdominal pain is set forth by Dr. W. E. FOREST, of New York city.\* He cites cases of *renal colic*, *biliary colic*, *ovarian neuralgia*, *pelvic cellulitis*, etc., where the hot douche relieved the pain completely when morphia

\*Mei. Rec., May 23, 1891.



hypodermically would relieve it only partially. The injection should be of a temperature not less than 110° F. nor more than 112°. The patient should lie in the Sims position with the hips raised on a pillow or folded blanket. From one pint to two quarts should be slowly injected and retained for a few moments. If there be feces in the rectum, as is usually the case, the injection and the feces will be soon expelled. The patient should then lie down at once and the hot injection, in larger quantity, however, should be repeated. This will be retained longer and will almost certainly relieve the pain. When this is expelled the patient should lie down again and about a pint of the hot water should be injected which, if the patient lie still, will be absorbed and discharged through the kidneys. If the patient be weak, it is best to administer a stimulant before giving the injection. This method is especially applicable to the treatment of painful pelvic disorders in unmarried females. The heat can be far more effectively applied to the seat of the disturbance than per vaginum, and with much less repugnance on the part of the patient. The antiseptic nature of *eucalyptol*, its permeating character, its prompt elimination by the lungs, the skin, the kidneys, have naturally suggested its use in *chronic lung disease*. DR. I. N. BRAINERD, of Alma, Mich., gives an interesting series of thirteen cases\* illustrating its value in *chronic bronchitis, persistent cough, chronic interstitial pneumonia*, and to a less degree in *tuberculosis*. He administers it in doses of from five to ten minims every four hours in emulsions, not neglecting the use of cod liver oil and other like restoratives. The special results noted were diminution of cough and expectoration, and cessation of the jerky character of the respiration. The fact that *eucalyptol*, while fully three times as efficient as an antiseptic as *creosote*, is eliminated more largely through the lungs than the latter; that it increases the appetite and in therapeutic doses is free from toxic or unpleasant effects, which cannot be said of *creosote*, should incline the careful practitioner to give the former a thorough trial before resorting to the latter. Anything that holds out the

\*Jour. Am. Med. Association, May 30, 1891.

promise of efficient relief in *spasmodic asthma* is welcome to the profession, so often do the old and tried remedies disappoint us in this annoying disorder. The *euphorbia pilulifera*, an Australian roadside weed, used as a domestic remedy by the inhabitants of that island in the treatment of bronchial and asthmatic affections, has been tried with satisfactory results by DR. J. F. JENKINS, of Tecumseh, Mich.,\* confirming the results obtained by DR. JOHN AULDE, of Philadelphia, Pa. Equal parts of the fluid extract of *euphorbia pilulifera* and glycerine are given in teaspoonful doses every four hours. The active principle is said to be excreted chiefly by the liver and kidneys, the condition of which organs must be taken into account when administering the drug. Its effect is more in preventing the recurrence of attacks than in quieting a paroxysm already well under way. Now and then a case occurs where the remedy seems to be wholly without effect. An interesting case illustrating the toxic effect of *potassium chlorate* is reported by DR. G. A. FACKLER, of Cincinnati, Ohio.† The patient, a sturdy boy of fifteen years of age, had taken five ounces of a saturated solution of the drug in the course of six hours for a sore throat, the amount of the drug ingested being about one hundred and fifty grains. Lips, nose, ears, and extremities bluish in color, respiration superficial and somewhat rapid, conjunctiva jaundiced, abdominal walls not distended, but painful on pressure, liver decidedly enlarged, excruciating pains in lumbar and epigastric regions, vomiting, strangury, with scanty, yellowish-red albuminous urine, constituted the symptoms. Free alvine discharges were secured with a full dose of sulphate of magnesia. The kidneys were induced to act by the use of tr. strophanthus and acetate of potassa, and when vomiting had ceased, milk, beef-juice and stimulants were ordered. In about five days, fortunately, the patient had recovered, with the exception of a slight pain about the epigastrium. While the position taken by DR. FACKLER, that "especially is it advisable never to employ it (potass. chlorat.) as a medicine for children," may be

\*Jour. Am. Med. Association, May 23, 1891.

†Lancet-Clinic, May 30, 1891.

too radical, it should never be used except with caution—it is a remedy that has killed and may kill again. While *wet cupping* has ceased to be fashionable, owing chiefly to the opposition roused by the Homœopathic school to all forms of treatment that are not agreeable per se, there are cases where nothing else will take its place. DR. G. K. SMITH\* reports several cases of *herpes zoster* where the application of wet cups near the origin of the affected nerve, and the drawing of about two ounces of blood, was followed by prompt relief of the pain and a fading of the bright scarlet color of the eruption “all along the line.” A little attention to the bowels was all the further treatment needed. According to DR. W. R. D. BLACKWOOD† a 7 per cent. solution of sulphate of mercury, to which a quarter of one per cent. of nitric acid is added, is an efficient substitute for the abominable “red acid” battery fluid. While giving less current on the start, it will sustain an even volume of current for an hour and a half. With five hours steady use, the mercuric fluid gives 22 per cent. more current, while only consuming  $27\frac{1}{2}$  per cent. as much zinc. It has the further advantage of keeping the zincs always thoroughly amalgamated. L. B. T.

## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio.

DISEASES OF THE EYE. By Edward Nettleship, F. R., C. S. Fourth American from the Fifth English Edition. Lea Brothers & Co., Philadelphia. 1890.

There is no work in the English language on diseases of the eye so well adapted to the needs of the medical student. The first chapter on “Optical Outline” is brief but it covers the whole subject in such a satisfactory manner that little more could be desired. The next two chapters, which complete the first part of the book, is devoted to the “external examination of the eye,” and the “examination of the eye by artificial light.” These subjects are considered in such a plain and practical manner that they are a fitting preparation for the intelligent study of part II., which takes up the

\* Med. Rec. April 11, 1891.

† Times and Register, May 16, 1891.

study of clinical diseases of the eye in a systematic manner, a chapter being devoted to each of the following subjects in the order named: Diseases of the eyelids, lachrymal apparatus, conjunctiva, cornea, iris, ciliary region, dryness of the eye-ball, cataract, diseases of the choroid, retina, optic nerve, functional disorders, vitreous humor, glaucoma, tumors, tumors of the orbit, errors of refraction and accommodation, and strabismus and paralysis. In the opinion of the reviewer the last two chapters ought to have been considered first. With this exception, the arrangement of the subject matter is the best that could be devised. This part of the work is concluded with a chapter on operations, including a couple of pages on anesthetics in ophthalmic surgery.

Part III. is devoted to diseases of the eye in relation to general diseases. It is surprising how much practical and useful matter is condensed into so small a space, and only leads us to hope that the author might prepare a work at some future time, devoted exclusively to this most important subject. The work also contains a supplement by Dr. Wm. Thompson on the practical examination of railroad employes as to color blindness, acuteness of vision and hearing, an appendix of formulæ, test types, a colored chart for testing color blindness, etc., altogether making a volume of over five hundred pages, printed on good paper and good type, and yet in a small, compact volume, which sells for two dollars.

The author occupies no valuable space in discussing theories or quoting authorities, but tells what he knows about each subject in as concise and yet in as clear a manner as possible. In case of doubt as to diagnosis or treatment, there is no work the practitioner can consult with so much satisfaction; his diagnosis is cleared up and the best line of treatment, outlined clearly and distinctly, without reading pages of useless matter. The author seems to have no hobbies, or if he has, they are kept so far in the background as not to be noticeable, and all the subjects receive the consideration their importance demand.

SAUNDER'S QUESTION COMPENDS; No. 2, ESSENTIALS OF SURGERY. Together with a full Description of the Handkerchief and Roller Bandage, Arranged in the form of Questions and Answers, Prepared specially for the use of Students of Medicine by Edward Martin,



A. M., M. D., Instructor in Operative Surgery, University of Pennsylvania, Surgeon to the Howard Hospital, etc. Illustrated. Fourth Edition, Revised and Enlarged. Philadelphia, 1891. 334 Pages. Cloth, \$1.00.

The fact that a fourth edition of this book has been called for since its first appearance two years ago is sufficient to prove that it has something about it of value to those for whom it was written. On perusing it, one is not surprised at the demand for it. To this fourth edition has been added several hundred prescriptions which will be found useful in surgical practice and also on account of the drugs and materials, and in antiseptic surgery, with directions for preparing for antiseptic operations.

GYNÆCOLOGICAL ELECTRO-THERAPEUTICS. By Horatio R. Bigelow, M. D., with an Introduction by Dr. George Apostoli. J. B. Lippincott and Company. Philadelphia.

In the introduction, Dr. Apostoli elucidates very carefully his later theories and designates accurately the particular classes of cases in which each method of treatment is indicated. And no one could better further explain Apostoli's methods than Dr. Bigelow, who, from long association with Apostoli, became most intimately acquainted with all his correct modes and their important details. In this subject the literature is so very scattered that it is not easy of access, but Dr. Bigelow has gathered the results of the best work from various fields and has presented in this book the most important facts. He has eliminated the unessential portions and given a concise, succinct account of the best modes of treatment in the best hands. It is, therefore, especially invaluable to the specialist, but at the same time it is so clearly written that the general practitioner, who has not had the opportunity to acquaint himself with this subject, will find it particularly intelligible and useful.

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## NOTES AND COMMENTS.

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*Incisions vs. Rapid Dilatation for Stenosis of the Cervical Canal.*—This was the subject of a paper read by Dr. Jas. H. Reilly before the Vermont Medical Society, in which the writer took the ground that dilatation gives poor results as compared with incision. Of forty cases he has operated upon, ten were for sterility and thirty for dysmenorrhœa. On the first ten cases that came under his ob-

servation for dysmenorrhœa, he operated by rapid dilatation, and of these, but four were relieved permanently. The condition of six others, after from three months to a year, was as bad, and in two cases, worse than before operation. They underwent a secondary operation by incision, and after a period of from one to two years, he has not heard of an unfavorable result. Of the remaining thirty cases operated by incision, permanent relief followed in every instance. Of ten cases operated upon for sterility, six underwent the rapid dilatation. This operation proved effectual in but one case, and that, as reported in the others, after one year's time, the contraction was as marked as before the operation. They underwent a secondary operation by incision. Two of them have borne children, and one other is now well advanced in pregnancy, and in one the constriction is as marked as before the operation. The other patient passed from under his observation six months after operation, and was not pregnant at that time. Of four patients on whom he has performed the cutting operation during the past year, two are now pregnant, one two months, and the other four months, after the operation.

*Absorption of Medicaments in the form of Ointments.*—Luff concludes as a result of numerous experiments (Rep. de Phar: Jour. de Med. de Paris; Jour. Cut. and Ven. Dis.), that active medicaments administered in the form of ointments are best absorbed when vaseline is the excipient. Lanolin is the best excipient when a local action is desired, since the medicaments will not be absorbed. Experiments were made with iodide of potassium, phenic acid, and resorcin mixed with vaseline, lard and lanolin. The mixture was placed in a sheep's bladder, plunged in a vessel of water, maintained at a constant temperature of 36 degrees. The water was examined at short intervals to detect the medicaments. The osmosis began in the iodide of potassium mixture, with vaseline after one hour, with lard after nine hours, with lanolin not at all. The phenic acid mixture, with vaseline after two and one-half hours, with lard after seven hours, with lanolin not at all. In the resorcin mixture, with vaseline after ten hours, with lard after fifteen hours, with lanolin not at all. The ointments prepared with lanolin presented no reaction after twenty-four hours.

*Acetantlid for Chancres and Chancroids.*—K. P. Walsilewitsch recommends (Deutsch Med. Woch. January 29, 1891) the local application of antifebrin, and reports a number of cases. He employs the drug as a simple dusting powder, and finds that the ulcers heal promptly, and considers it preferable to iodoform, having no smell. There is no danger of toxic effect, even when freely used. It is also cheaper than iodoform, which is a considerable point in hospital and dispensary practice.

*The Washington Meeting* of the American Medical Association was numerically below par, but its scientific work was excellent. This was due to the destruction of the unwieldiness of the sections by proper rearrangement of topics, thus permitting of free discussion. Further executive action by the sections was so manifestly needed that Dr. Bulkeley's statement of the moribund state of the section of dermatology forced it to the front and the resolution thereupon adopted at the instance of Dr. Conner, of Detroit, set in action an excellent system whereby the sections can do much more efficient work. That the Association fully realizes that its scientific work is done by the sections alone, was shown by the numerous resolutions introduced to limit the general sessions in the interest of the sections. It is the growing feeling that the sections should run the Association and not the callow and senile inanities who pose as platform orators, but are absent from the sections and the scientific work of the Association. Dr. Gibson's amendment anent the first session was in the right direction. The first session, immediately after a platitudinous address has thinned the house, is the time when the politician works to advantage. The resolutions commending the unbusinesslike management of the "Journal" were introduced to a house, thinned to less than one-tenth the delegates registered. The time seized for the introduction of these resolutions showed that an alliance had been formed between the contract surgeons, who dreaded the outcome of the West Virginia Medical Society resolutions, and the allies of the "Journal" mismanagers. The purposes of this alliance were defeated, as to the West Virginia resolutions, which were well handled by the state delegates, in an unexpectedly full house, by an overwhelming majority, while the "Journal" trustees refused to be cowed by a snap resolution in the face of the notorious mismanagement of the "Journal," shown by its unitemized bills for editorial "services" and its starvation advertisement rates.—*Medical Standard*.

*Radical Cure of Hernia*.—in a paper read recently before the New York Surgical Society (N. Y. Med. Jour. May 30, 1891) Dr. Wm. T. Bull presented notes on 119 cases of Hernia which have relapsed after various operations for the radical cure. In seventy-three cases the method of operation and other particulars obtainable had been sufficient to place them in tabular form. The ages average about the same in all methods—from thirty-eight to forty-four—showing that the extremes of life have been avoided, the duration of treatment practically wound-healing, in Czering's method where the pillars of external ring and integuments are carefully sutured, is almost as great as in the open method. This confirms his experience that the wound is a difficult one in which to obtain absolute primary union, and is an argument in favor of allowing it to granulate. It is especially noteworthy that relapses have occurred as late as two years



and six months, and three years and four months, and that on an average no method shows immunity from recurrence for a longer period than fifteen months. This warrants the statement that future evidence as to the value of the different methods must cover an experience of more than three years and that patients who have been without recurrence for a year have no reason to expect to remain so permanently. He has also noticed some striking cases of immunity from relapse after operation, which are tabulated. They represent cases of irreducible or strangulated hernia in which no attempt at radical cure has been made. There are eighteen of these cases, the average age being forty-eight years.

The period at which relapse occurred varied from one month to twenty-three years and averaged five years. It is to be noted that fifteen of these patients wore trusses from the time of the operation.

In regard to the value of wearing a truss — the largest protrusions were met in patients who had worn no truss. He advises the use of a truss with slight pressure as soon as the wound is healed.

Wounds healed by granulation give a cicatrix of less vitality and less elasticity than normal structures and are easily excoriated. A prompt primary union will not be unfavorably affected by a truss.

Frequent contact with these cases gives rise to the belief that the majority while not cured are certainly improved. This goes without saying in the cases of irreducible or strangulated hernia.

Even with relapsed hernia the patients find much satisfaction in the fact that the protrusion is not so large as before operation, or they have increased comfort and security in the wearing of a truss. His notes do not afford any valuable evidence as to the comparative reliability of different methods, but only emphasize lack of promise to effect a cure.

In view of the trifling mortality now attached to these operations, in view of their recognized advantage in improving the conditions of irreducible, uncontrollable, or strangulated hernia, it is wise to continue to strive for better method. It would be wise to stop the term "cure," and to estimate the value of procedures by the relative proportion of relapses. That plan will be judged best which shows the smallest number of relapses in course of the longest period of observation, and such period ought to be at least five years. He believes that all procedures should be so shown as to insure prompt healing of the wound, and the support of a truss be insisted upon from the time the patient leaves his bed.

In the discussion which followed the reading of Dr. Bull's paper Dr. Stimson said that for the past two or three years he had practiced exclusively the open method. Cicatrices left after open operation were not materially longer or wider than after primary union and were a very strong barrier to oppose to a hernia. He had found the only weak spot to be the upper angle of cicatrix.



Dr. J. E. Kelly said this "weak spot" indicated an insurmountable defect in McBurney's operation. In consideration of this objection he had attempted another method, which he termed the "laminated operation," the principle being to incise each layer higher or lower than the incision of the one preceding it, so that when the structure were restored each line of incision would be overlapped to the extent of one inch. Dr. Wyeth said he was averse to the operation for radical cure, except where strangulation, or incarceration had occurred, or the hernia was so large that it interfered with the usefulness of the individual. He had never advised an operation except in such conditions and never would until he saw better results in efforts of radical cure.

Dr. N. P. Gibney said he did not think that any more difficult cases come under observation for control by trusses than those hernia which presented as relapses after what was known as the open method of operation, and such difficulties had not been met with prior to the use of this method. Dr. S. T. Armstrong, reluctantly concurred in Dr. Bull's conclusion that the open method had met with no better success than measures previously employed.

Dr. Robert Abbe was constrained to favor MacEwen's operation as yielding the best results, and it had the merit of applicability to femoral hernia. Dr. Bull said it had not been his intention to bring about a discussion as to the relative merits of this or that method of operation. The figures which he had brought forward were in evidence of the inefficiency of all of them. He was inclined to think simple excision of the herinal sack after ligating the neck high up, without any attempt to suture the herinal orifice was as good as any, and this method could be used in both inguinal and femoral hernia.

The results were just as good by this procedure after five or six years as when efforts were made to suture the external pillars of the ring. His observations had led him to very decided convictions in regard to the open method. He must join issue with Dr. Stimson if he placed confidence in a method that was supposed to cure by the substitution of a plea of cicatricial tissue for the normal structures. This so called plug would eventually yield before the pressure of the viscera from within.

*In our next number* we will publish an exhaustive paper by Dr. J. C. E. Reeve, of Dayton, O., on the A. C. E. Mixture.

*Dr. A. W. Ridenour*, of Massillon, is seriously ill from cerebral hemorrhage and is not expected to recover.

*Dr. Conklin* makes an excellent presiding officer. Few men could have succeeded in getting through the long program presented for each session. Medical politics was kept well in the background.

## MARRIED IN JUNE.

Her footfall was as light as air,  
 I saw her come and go,  
 She seemed an angel to me there,  
 A-tossing to and fro.  
 And when the fever left my bones,  
 Against my teeth would clink,  
 The glass, that she, in softest tones,  
 Did offer me to drink.  
 Oh! lordy me, what bitter stuff  
 She worried down my throat!  
 The language that I used was tough,  
 It will not do to quote.  
 And when my very soul would ache,  
 My writhing mug she'd see,  
 And firmly say, "You'll never take  
 A sugared dose from me."  
 She brought me through, and when most well,  
 I loved her more and more—  
 I said, "Just wait a little spell,"  
 And backed against the door.  
 "Your bitter doses without end,  
 I've taken in," I said.  
 "I think that you should make amend."  
 She, blushing, hung her head.  
 "One sugar-coated dose I ask—  
 Pray this concession make me."  
 Beneath her smile she let me bask,  
 Then softly murmured, "Take me!"

*The Medical Politician and the American Medical Association.*

The medical politician made himself felt in the formation of the nominating committee, and in its work. The thoughtlessness or hasty action of this committee, left undone many things it ought to have done, and did many things to alienate existing friends of the Association, and still farther antagonize opponents. This committee should be so organized, that it shall, as far as possible, promote the efforts of the Association in becoming the truly representative body of the profession of the entire country. The weak points of the Association cluster about the work of this committee. The great objection by large numbers of excellent medical men to become active workers in the Association, is that hasty and ill-digested action is so frequently taken by this committee and the Association upon very important matters. Numerous efforts to alter this characteristic, have thus far been rendered barren by medical politicians and their thoughtless followers.—*Am. Lancet.*

*The Regular Meeting of the U. C. O. Medical Society* will be held at the society's rooms, No. 20 Euclid avenue, Thursday, July 2, 1891, at 2:30 p. m. Programme of meeting: Essay, Dr. W. C. Weber; Discussion, Drs. A. G. Hart and L. S. Chadwick; Report on Progress in Otology, Dr. A. R. Baker.

JOHN B. WALKER, Secretary,  
352 Erie atreet,

P. H. SAWYER, President,  
54 Streator avenue.

*The Builders of John Hopkins' Hospital*, says the *Medical Register*, managed to spend over two million dollars in the construction of a hospital to accommodate one hundred and twenty patients. How good John Hopkins would feel could he rise from his grave and gaze on the baths of Parian marble, onyx ceilings, gilded walls, and cuspidores of solid gold.—*Indiana Medical Journal*.

*Practical*.—Speakin' o' doctors, said old man Hensley, the ones they turn out now-a-days out o' these here medicle institoots ain't practicle. On'y things they learn is a lot of the'ries that they can't put to no earthly use; an' they goes on a dopin' an' a dosin' people 'ccording to what these yer books tells 'em; but they ain't practicle; no, sir. 'Member one fall, nine years ago, feller t'was workin' for Abe Hopkins took mighty sick all ov a suddin. Wa'n't no doctor 'ithin sixteen mile, 'cep'n old Doc Crantz, an' he was a vet'nary hoss doctor; but old Doc knew what it wuz, you betchu; said a hoss' dose fer thet there same sickness was four poun's, an' he figgered it a hoss weighed fifteen hundred an' this yer fellow weighed one fifty, jes' one-tenth es heavy, you un'erstan'; an' so he gin 'im one-tenth uv a hoss' dose in proportion. Thet there's what I terminate applyin' yer the'ries. What's that? Oh! in 'bout an hour; but 'twant no ways likelt es *that* killed 'im; he'd a prob'ly died anyway.—*Puck*.

*The place of Dr. E. M. Moore* upon the board of trustees of the *Journal* was filled by the nominating committee of the American Medical Association with Dr. W. W. Potter, of New York. The point of interest lies in the fact that Dr. Moore has always been a stalwart defender of the old code of ethics in New York, and aided in forming the old code association of that state, while Dr. Potter has been honored by high official position in the new code state medical society of New York. Clearly, the committee forgot about the friends of the association of New York. Is it at all likely that the New York Medical Association will regard this act of the American Medical Association, in placing one of its distinguished opponents in an important official position, as an act of especial friendship?—*American Lancet*.

*The method of selecting* the nominating committee requires rigid amendment. On a snap notice from the secretary after a wordy address has worn out delegates, the States are ordered to select their member.

The absence of all but some college clique results in the choice of a nonentity as member. Dr. Gihon's amendment would have secured the needed reforms. Either something similar should be adopted or proxy voting by registered delegates should be permitted.

The executive committee amendment, recommended by the committee on president's address, should either be rejected or so amended as to permit the sections to nominate it. The Association has repeatedly rejected this executive amendment and the arguments previously urged against it are still potent. An antipathy to notorious waste of time prompted the committee to the recommendation of this discarded remedy. An executive committee drawn from the sections could do excellent work. An executive committee named in the way described would inevitably result in more waste of time.—*Medical Standard.*

*Ohio State Medical Society.*—The 46th annual meeting of this society is being held in Sandusky as we go to press. Our correspondent writes that there is a larger attendance than usual, about 170 having registered at noon on the second day.

The amendment to the constitution, making the members of county societies members of the state society, was adopted unanimously.

The hotel accommodations were found very satisfactory. Thursday evening a reception and concert was held at Cedar Point. The president's address was given at this place, after which lunch was served and dancing indulged in until a late hour.

Dr. G. A. Collamore, of Toledo, was elected president, and Dr. T. V. Fitzpatrick, of Cincinnati, secretary. Cincinnati was selected as the next place of meeting.

*A Poor Field.*—Scott county, Kansas, has but one physician, and he is now compelled to leave because of the following conditions: But one natural death has occurred during the past year; obstetric cases and accidents happen, but infrequently; and the atmosphere is so pure, and the people so generally healthy, that even an ordinary living cannot be made by one practicing the healing art. The population of the county is given at 1,260.—*Kansas Medical Journal.*



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**CLEVELAND MEDICAL GAZETTE.**

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*VOL. VI.*

*JULY, 1891.*

*No. 9.*

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**THE A. C. E. MIXTURE.\***

BY J. C. REEVE, M. D., DAYTON, OHIO.

I have responded to a request to prepare a paper on the anaesthetic known as the A. C. E. mixture, not only in order to present my individual experience with it, but from the conviction that the merits of this mixture are not duly appreciated by the profession, and from the fact that nowhere, not even in special treatises on anaesthetics, is there to be found a full and complete account of it. Moreover, further study of the subject of artificial anaesthesia is justifiable so long as the present diversity of opinion prevails as to which is the best agent for producing it. The diversity of opinion upon this point is striking in amount and extreme in degree. In our own country, were the profession to be polled, ether would doubtless receive a considerable majority of the votes. Still, chloroform has many able advocates; men of ability, of position and of large experience, and throughout a wide section of this country, the Southern States, chloroform is the favorite anaesthetic. In Europe the case is far different. During several visits there, I have never seen ether administered. Some years ago I went to Italy, under the impression that it is the home of etherization. Visiting many hospitals of several of the leading cities, I did not see ether once

\*Read before the Ohio State Medical Society, June 16th, 1891.

used. During the same journey, I was unable to find an ether-inhaler in the city of Paris. There, as in the hospitals of several cities of Germany, visited last year, I saw only chloroform administered. In England, ether is gaining ground. A reaction against chloroform began soon after the dangers of this agent were recognized, and first found expression in the report of the Royal Medico-Chirurgical Society, in 1864, which formally recommended anaesthetic mixtures. This reaction received a powerful impulse in 1872, from an address before the British Medical Association by Dr. Joy Jeffries, of Boston, and another in 1889 by the address of Dr. Teale before the same body. During the last seven or eight years the London Lancet has strongly commented upon the frequently appearing notices of death from chloroform in its pages, and urged avoidance of its dangers. For the latter purpose, it has thrown its powerful influence in favor of the A. C. E. mixture. From that source we learn that this mixture "is now used largely," while it is added that a fatal accident from its use has rarely been recorded.\* In the pronounced diversity of opinion which prevails as to the relative merits and demerits of the two great anaesthetics, and which has existed more or less markedly ever since these agents came into use, I find, therefore, justification for presenting the claims to your confidence of a combination of the two, with the addition of alcohol.

The origin of the A. C. E. mixture has already been stated, or rather its first authoritative presentation. This was by the report of a committee on chloroform, appointed by the Royal Medico-Chirurgical Society of London in 1864. This committee made a formal and strong recommendation of several anaesthetic mixtures as means of avoiding the dangers of chloroform. One was composed of chloroform, one part, to four of ether; one of chloroform and ether in the proportion of one to two; and another, which is the subject of this paper, which consists of alcohol, one part, chloroform, two parts, ether, three parts—the "A. C. E." The proportions are by measure; its constituents should be of the best quality,

\*March 27, 1886.

the alcohol as nearly absolute as possible. This mixture had been recommended and used by Dr. Harley for several years previous to 1864, and with him it therefore originated. The committee found in mixtures of the two anaesthetics an agent which produced modified effects of each alone, more efficient than ether, safer than chloroform. Experiment upon animals in their hands showed a far less depressing effect upon the heart than chloroform alone. They especially recommended the combination under consideration, which, with the theoretical considerations in its favor, gave it the lead as compared with the others. Playfair's recommendation of it in labor, when chloroform seems to disagree, has doubtless promoted its use in England, and aided in bringing it into the favor spoken of by the *Lancet*. Throughout the section of country where I reside it has been used a great deal. Its advantages were presented to the profession in a published lecture delivered by me, upon initiation, before the class of the medical college of Ohio in 1875,\* and I know many professional friends who use this anaesthetic exclusively. It has been the sole anaesthetic used by the St. Elizabeth's Hospital, of Dayton, from its origin in 1878.† The only other mixture which can rival the A. C. E. in frequency of use is that known as the "Vienna Mixture," which consists of two parts of chloroform to six of ether, which is said to have been administered 8,000 times without a death. Billroth uses exclusively a mixture of chloroform, three parts, ether and absolute alcohol, of each, one part, and believes it to be less dangerous than chloroform alone.‡

That union of the effects of various anaesthetics produced by one being administered subsequently to another, as when the patient is brought under the influence of nitrous oxide, and the anaesthesia continued by ether, will not be considered here. It is doubtless the safest method known, but it requires special apparatus and is, therefore, not at all adapted to general practice.

\* *The Clinic*, Nov. 27.

†NOTE.—The debate upon the paper revealed a far more frequent use of this anaesthetic by the profession of Ohio than the writer was aware of.

‡ Kappeler, *Anaesthetica*, 1880.

Is the alcohol in the A. C. E. mixture of any value? I have not only heard the question asked, but have known the negative to be maintained by men whose opinion is worthy of consideration. So far as the vapor of alcohol tends to sustain the action of the heart, its presence is certainly no detriment whenever chloroform is inhaled. Yet in view of the presence of ether at the same time this argument in favor of it need not be pushed. It is upon chemical grounds that the presence of alcohol is justified, the three constituents forming rather a chemical combination than a simple mixture. This fact has an important practical bearing. The objection to the A. C. E. mixture always heard and constantly urged is that the three ingredients evaporate at different rates, and therefore the patient is soon getting the sole effect of one of them, the chloroform, instead of the three combined. The objection is not sound or is but partially true. There is no doubt that the alcohol exerts a modifying influence upon the rate of vaporization of the other two constituents. This influence was recognized by the committee which originally presented the combination. They especially recommended the A. C. E. as preferable to the other mixtures, "on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapor." Ellis, in his work on the "Safe Abolition of Pain," [London, 1866], devoted a chapter to the rates of evaporation of anaesthetic fluids, separate and combined. He states that the rate of vaporization of the united fluids is, in vacuo, equal, and under the circumstances of ordinary administration it is modified. During the past year I called the attention of a correspondent of the British Medical Journal, who had urged this objection to the A. C. E. mixture, to this view of the influence of the alcohol. He referred the question for decision to the London Chemist and Druggist, and in the issue for October 11, 1890, will be found the response of the editor, which is, that "the alcohol would unquestionably influence the evaporation of the more volatile constituents, as the mixture is partly, at least, of the nature of a solution, i. e., ether and chloroform are dissolved by the alcohol." A modifying



influence of great practical value may therefore be justly claimed for the alcohol, at least until farther chemical evidence is adduced to the contrary.

I present the special advantages of the A. C. E. mixture, as compared with the two leading anaesthetics. First, in comparison with ether: it is far less unpleasant and very far more prompt in producing anaesthesia. Whatever unpleasantness attaches to the mixture depends upon the ether it contains, and it is less unpleasant than ether, therefore, because less pungent and because the inhalation is of shorter duration before unconsciousness supervenes. The irritating effect of its vapor upon the air-passages, the distressing sense of suffocation it causes, the extreme struggling often occasioned, the long time required to produce anaesthesia, these are the drawbacks to ether as an anaesthetic. I have witnessed some painful scenes of etherization, even in hospitals, under the hands of experienced administrators. I have met with several patients who, for a second inhalation deliberately chose chloroform, even after fair statement of the relative danger, rather than again undergo the painful sense of suffocation once experienced. In promptness of action the A. C. E. mixture leaves nothing to be desired. In how short a time surgical anaesthesia could be caused by it, I cannot say, for rapidity of the anaesthetic process introduces very certainly a new and unnecessary element of danger. By the mixture patients can be anaesthetised as certainly as by chloroform itself, and as rapidly as it is prudent to do it with that agent. It may be admitted that with the closed-bag inhaler, whereby the patient breathes not only the vapor but his own expired air, anaesthesia can be as promptly effected by ether as by any agent, but in this way the sense of suffocation is increased in intensity although shortened in duration, and the need of a special apparatus places this mode outside the limits of general practice. Parenthetically it may be said that experience has not shown the danger to be increased by this mode of administration of ether.

There is but one point upon which to compare chloroform and the mixture. That point is, of course, safety. Were it not for the

greater danger attending its use, chloroform would stand without a rival. The proof of that danger, positive and relative, has been so recently ably presented to the profession by Profs. Wood and Hare,\* that it is needless to go again over the ground. That, when experimenting upon animals, sudden death takes place far more frequently under chloroform than under ether, does not depend upon the testimony of one or of a few observers, but is the universal testimony of experimental physiologists. That in man the death rate under chloroform is considerably higher than that under ether is the conviction of everyone who has studied the subject, although the exact rates can never be given in figures.† Except in obstetrical practice, this agent has too often shown its fatal power, and no one can be a constant reader of a British medical periodical without being painfully struck with the frequently appearing notices of death under its influence. In the great power of chloroform relatively to ether, greater than is that of brandy to wine, can be readily found an explanation of its lethal effect. It is to lessen and to modify this power that the minor anaesthetic and the alcohol are added. But it is not alone as diluents of chloroform that the other constituents act. They oppose to the constant and never-failing depressing influence of chloroform upon the heart their own stimulating effect. It is true that under ether, sudden failure of cardiac action sometimes takes place; death has occurred, quite as suddenly and as unexpectedly under this agent as under chloroform, but depression of cardiac power is very exceptional under ether, it is a constant feature of the action of chloroform.

We are now prepared to consider what parts or portions of the dangers attending the process of artificial anaesthesia are avoided or obviated by the mixture. In experimenting upon animals it has been constantly observed that sudden deaths occurred in a rapidly increasing ratio as the amount of chloroform vapor carried by the air was increased. In other words, rapidity of introduction, independent of quantity inhaled, has a powerful influence in causing ac-

\* *Med. News*, Feb. 22, 1890. Address at International Congress, *ib.*, August, 1890.

† See Appendix I.

cidents. Clinical experience teaches the same lesson. I think no one can make a careful study of the particulars of death under chloroform without being struck with the frequency with which it is stated that the dangerous symptoms occurred immediately after the addition of more of the anaesthetic to the sponge, napkin or inhaler. Inhibition of the heart from the sudden impression of the vapor upon the terminal nerves of the respiratory tract has been an explanation of this mode of action. But the high authority of Wood has been given against this view.\* Still I am not prepared to abandon a theory which has the sanction of Kappeler and of Richardson and of Lauder Breuton. But it is needless to debate the point, because it matters little what the explanation may be, so long as we have the facts. The facts are that when animals are going under chloroform, any fresh administration causes most remarkable variations in the blood pressure and in the heart's action: "There is frequently a sudden dip in the pressure to the extent of forty millimetres out of a total of one hundred and ten."† Further, that in man, sudden death has frequently occurred upon rapid introduction of vapor into the blood either by deep inspirations or by supercharging the air. Of 133 fatal cases sixteen presented this feature, and in eight of them the fatal effect followed immediately upon the addition of more chloroform to the sponge.‡ In this mighty influence of the rate of introduction upon the effects of the agent is alone to be found, I believe, a rational explanation of the deaths caused by the inhalation of a very small quantity of chloroform, a quantity sometimes measured by minims, and also an explanation of the occurrence of death in patients who had taken it with safety, not only once but several times before. In the mixture, then, this great and dangerous power of chloroform is held in abeyance. The sudden impression upon the terminal nerves of the air-passages cannot be produced, nor can a large amount of chloroform vapor be rapidly introduced into the blood. Dilution with air it may be said will effect the same results. This is true, but such

\*Med. News, Feb. 22, 1890.

† Holmes' Surgery, Am. Ed., Vol. III., p. 540.

‡ Report of Com. of Brit. Med. Association. Brit. Med. Jour., 1879.



dilution can never be relied upon, unless the quantity of liquid poured out is measured and the administration effected by an apparatus which will regulate the supply of air and of vapor. When chloroform is not thus administered, by inattention, by inadvertence, conditions may at any time occur which imperil the life of the patient. The importance of low percentage of vapor of chloroform in the air inspired, of slow and gradual progressive increase in amount, the bearing of the rate of introduction upon the safety of the process, have been taught over and over again from the beginning, yet their value has not been duly appreciated: certainly they have not been by those who administer this anaesthetic on a towel or napkin folded or unfolded, a plan which insures irregularity of amount inspired in a given time. Again the varying rate of introduction by varying respiration should ever be kept in mind, and is of the utmost importance when the stronger anaesthetic is given. During ordinary respiration, twenty cubic inches of air are inhaled at each inspiration; under deep inspiratory effort, not only twice or thrice this amount, but as much as one hundred cubic inches may be inspired! The influence of varying temperature upon the amount of chloroform which air will carry, is a point in this connection which deserves careful consideration. At 85° F. air will contain and carry twice as much as at 65°.\* The rate of inhalation, therefore, may be nearly doubled within a possible change of temperature. Much of the danger, then, which attaches to the administration of chloroform from too rapid introduction of the vapor, and from a violent impression of this powerful agent upon the air-passages, from a possible carelessness of administration, is obviated by its dilution with the other agents, while part of the anaesthetic effect is produced by the ether and the greater part of the depressing influence of chloroform upon the heart avoided if not antagonized.

The objections which have been advanced to the A. C. E. mixture deserve careful consideration. When first proposed, two were advanced, which, if true, would have prevented this anaesthetic from

\* Snow: Sansom.



obtaining any place in practice. They were, that from want of power, as compared with chloroform, the patient would suffer pain, and, the length of time necessary to induce anaesthesia. Neither of these deserve a moment's consideration. Although for all prolonged and severe operations I always give a hypodermatic injection of morphia and atropia, which, of course, deeply modifies the anaesthetic process, still many operations and procedures do not require this, and I have never in a single instance failed to obtain profound and satisfactory anaesthesia. The time required has already been stated to be as short as consistent with safety. Not infrequently I have heard, it is true, of failures to obtain a satisfactory result with the A. C. E., but I am satisfied that when this occurs it is for want of proper use of it. No especial mode of administration is required. The first three golden rules for anaesthetics should never be omitted: First, the apparatus should not only permit a free current of air, but, for all agents except ether, be such that it cannot be cut off. Second, calm and sustain the nervous system of the patient. Third, by small doses at first gradually accustom the air passages to the pungency of the vapor. Then give with a free hand.

There are two pathological conditions in which there is tenable objection to the use of the mixture. These are old subjects with bronchitis, or a tendency thereto, and patients with organic disease of the kidneys. In such cases the A. C. E. is objectionable, as ether is also, and on account of the ether it contains.

The objection most persistently and most frequently urged against this mixture is the different rate of evaporation of its ingredients. This objection has already been considered and shown to be far more theoretical than practical. For many years, however, it influenced my mode of administration. I would accept no other means than a large cup-shaped sponge, with this, a squeeze of the hand upon every fresh addition of liquid, not a shadow of standing-room is left for this objection. A good sponge, of proper shape and size for this purpose, is difficult to find and expensive. Of late years, I have used Allis' ether inhaler and find that, with this, the

objection is of no practical force whatever, even in prolonged administrations.

A far more serious charge has been made against the mixture, and one, which, if true, should banish it from practice. A series of experiments upon animals has been published which go to show that this is among the most dangerous of anaesthetics, even far more dangerous than chloroform. Thus the results were for ether a mortality of 16.6 per cent.; for chloroform, 66.6 per cent.; second series, 58.5 per cent.; A. C. E., 75 per cent. These are the results obtained by Dr. B. A. Watson.\* Looking carefully over the details and results of these experiments, and with a deep sense of the responsibility attaching to a decision upon a most important point of practice, I make the following comments: First, experiments upon animals which corroborate clinical experience are unimpeachable; when the results run counter to it, preference must be given to observation upon the human subject. There has been a large experience with the A. C. E. mixture, an experience which extends over a quarter of a century and so large that if the mixture were anything near as dangerous as chloroform, to say nothing of being more dangerous, it would, long before this, have been apparent. Second, the conditions of the experiments were such as to destroy the value of the results. To occupy twenty minutes in inducing the anaesthetic condition, to continue the process without break for two hours, to use animals which had been anaesthetised over and over again, is a method so different from that followed at the bed-side, that to compare the results of the one to the other, is unjust and illogical. Third, the experiments show too much, if reason is to be permitted at all upon the point at issue. That by adding to chloroform two substances which weaken its power, and both of which counteract its depressing influence upon the heart, it is thereby made more potent for evil, is again illogical, and has not a particle of theoretical or clinical support. Finally, without questioning the ability or honesty of the observer, than which nothing could be farther from my intention, these results can-

\*Transactions Am. Surg. Assoc., Vol. II., 1884; An Experimental Study of Anaesthetics.

not be accepted until they have been obtained by other observers, while they stand in direct opposition to those of the committee of the Royal Medico-Chirurgical Society.

The objection may be advanced against the mixture that it contains chloroform, that this agent has been shown to be more dangerous than ether, and that, therefore, it should be abandoned entirely in favor of the safer anaesthetic. The objection would be unanswerable if the record of ether as to safety was an unbroken one. Unfortunately this is not the case; unfortunately again the ratio of danger cannot be stated in figures; the number of deaths under each anaesthetic has certainly never been given with accuracy; the number of administrations of each it is impossible to determine. Under these circumstances, judgment must be rendered from experiment upon animals, upon theoretical grounds and imperfect clinical results. A careful study of these brings me to the conviction that the mixture is equally as safe as ether, and I act daily upon this conviction in one of the most responsible professional duties of life. But in rendering judgment, the factors of convenience and comfort to both patient and practitioner should not be set aside. In these respects ether has marked disadvantages; it is, as termed by the committee which recommended the A. C. E. mixture, an "inconvenient anaesthetic," and I feel fully justified in considering such points as comfort and convenience until it is positively shown that danger is increased by so doing.

I have made a careful study of accidents under the A. C. E. mixture. I can find but three deaths reported, which are here appended.\* That these form a complete mortuary list is not probable, considering the mass of periodical literature to be examined. Cases of dangerous symptoms and narrow escapes under anaesthetics are quite as instructive and as worthy of consideration as cases of actual death. Of these under the A. C. E., there are two to be found quoted in Turnbull's *Manual of Anaesthetics*, third edition, and one occurred to my friend, Dr. Wiest, of Richmond, Indiana.† I have

\* Appendix II.

† *Cin. Clinio*, Nov. 27, 1875.



found one other reported, and in this chloroform had previously acted very badly, as in one of my own cases.\* My own experience of unfavorable results with the mixture extends to three cases of dangerous symptoms. Two of the patients were young females and one was an adult male. The condition in all was alarming; the two females responded readily to measures of restoration; the male patient seemed for a short period to be lost. These cases are enough to show that the A. C. E. mixture is not absolutely safe. It is not recommended as such. No such anaesthetic exists. The three accidents which have occurred to me have taken place during twenty-six years of active practice. I began using the A. C. E. mixture within a year or two after its first recommendation, and I have used it ever since, except in obstetrical practice and for very young children. I have used it for all sorts of patients; for all kinds of operations, minor and major. I recognize fully how insignificant is any individual experience as to anaesthetics, except under very exceptional circumstances, but personal experience always speaks with a loud voice to the person who makes it, and so I may be pardoned if I have acquired strong convictions of the practical advantages and the safety of this mixture. It is to be regretted of course that to the three deaths published the number of administrations cannot be added, but this is impossible. The mixture is "largely used in England" according to Buxton.† The Lancet‡ speaks of "extensive experience" having demonstrated its efficiency and its far greater safety as compared with chloroform. Adding to these statements the fact of a very considerable use of the mixture in this country, and it is certainly safe to conclude that there has been such an experience with it, that a rate of mortality at all approaching to that of chloroform must already have become apparent. I fully believe it to be as safe an anaesthetic as any, and one by which the dangers of chloroform and the inconveniences of ether are alike avoided.

\* Med. Record, Nov, 15, 1890.

† Anaesthetics: Philadelphia, 1888.

‡ Editorial, March 27, 1876.



## APPENDIX I.

Statistics of the comparative mortality of different anaesthetics collected during the preparation of this paper:

An examination of London *Lancet* from 1880 to 1890, both inclusive, showed—

Deaths from Chloroform.....	68
Deaths from ether.....	17
Deaths from mixtures of two, proportions not stated.	3
Deaths from A. C. E.....	1

Among the chloroform deaths was one from blocked trachea by piece of tumor of fauces undergoing removal, as shown at autopsy, and among the ether deaths there was one case of self-administration, and one of death in a child suffering great dyspnoea and in which the ether was given for tracheotomy. These should in justice be deducted.

The statistics of St. Bartholomew's Hospital for ten years, from 1878 to 1887, are especially valuable. They give :

Chloroform, 12,368 administrations.....	1 death.
Ether, 5,509 “ “ .....	2 deaths.

Both of the ether patients stated to be in very feeble condition from prolonged intestinal obstruction.

Ether preceded by gas, 9,072 administrations, with one death. Thus we have deaths from chloroform, 1 in 12,368; from ether, 1 in 4,860. [London *Lancet*, February 8, 1890.]

A writer in the *Lancet*, June 20, 1885, gives the returns from the Registrar General's office of deaths in England and Wales, from 1874 to 1883, as 254. Unfortunately both ether and chloroform deaths are given together, and thus no comparison is exhibited. As showing the telling influence of sex, however, these statistics are important: 180 were males, 74 females. This is about the usual proportion.

Nance gives number of cases reported in *Lancet* and *British Medical Journal* for three years as follows: Chloroform, 1887, 16; 1888, 12; 1889, 13. During the same period, from ether 3, and from nitrous oxide, 1. [*Lancet*, July 5, 1890.]

The largest statistics I have ever seen have been published quite recently. They are by Dr. Juillard, of Geneva.\* He gives 524,-507 cases of anaesthesia by chloroform with 161 deaths, or 1 in 3,258; 314,738 cases by ether with 21 deaths, or 1 in 14,987. These statistics also show a fact already well-known, the far greater danger of the early stages of chloroform inhalation. Thus, in 243 cases, death occurred in 127, or more than one-half, before anaesthesia was produced. In 20 cases, personally observed, death occurred in the early stages in 15.

#### APPENDIX II.

##### Deaths from administration of A. C. E. mixture:

I. Adult male; amputation of the leg for railroad injury under ether, rapid recovery. Later, for removal of necrosed bone, the A. C. E. mixture was administered; the patient died in convulsions; convulsions occurred before anaesthesia was produced.†

II. Adult female, anaesthetized for flexion of ankylosis knee-joint was flexed and splint applied; shortly after straightening the leg the surgeon's attention was called to the patient; her condition was found dangerous and all measures of relief were put in force in vain. It is distinctly stated that the patient was brought under the influence of the A. C. E. mixture, but in the report the word "chloroform" is constantly used afterwards. As it reads, therefore, the death was from chloroform, but it seems as if the word "chloroform" was used as a synonym for the mixture and we accept it as such.‡

III. Female, age 32, New York Hospital for Women; died before operation began. Autopsy showed both kidneys full of abscesses.§

IV. To these must be added another, reported verbally by Dr. Stamm, of Fremont. Patient, a boy aged about 14, operation for removal of necrosed bone from leg.

\* British Med. Jour., April 25, 1891, from Rev. Med. de la Suisse Romande, Feb'y, 1891.

† Amer. Jour. Med. Science, Oct. 1876, p. 415.

‡ Brit. Med. Jour., Nov. 3, 1888, p. 1028.    § London Lancet, March 1, 1884.

## CASE OF FRACTURE DISLOCATION OF THE SPINE, WITH OPERATION.\*

A. W. RIDENOUR, MASSILLON, OHIO.

In view of the rarity of these cases with the almost invariable result, I have thought proper to report a case that marks a new era, at least in my practice.

We will remember at the start the severe trauma the cord underwent; the bones crushed, muscles and ligaments torn loose.

December 11th, 1890, Martin Nye, aged twenty-eight, laborer, while driving through a shed on a load of lumber was caught between an over-head beam in such a manner as to crush the center of his back forwards at an acute angle, frightfully lacerating and crushing both hard and soft parts in that region.

Within half an hour after the accident found the patient pulseless, skin cold and clammy, respiration sighing, very restless, jactitation, suffering frightful pain in back, sensation and motion absent from injury down, knee jerk absent, reflex absent.

On inspection at seat of injury found depression of fully one inch corresponding to seventh dorsal vertebra, with absence of spinous process of eighth dorsal. This at once led me to inform the patient and friends of the exceeding gravity of the case, and that the only hope of life lay in a speedy operation. Consent was readily given and at once carried out.

With the usual and necessary antiseptic preliminaries an incision about twelve inches long was made, commencing at the third and terminating at the ninth dorsal, separating muscles from either side and exposing all bony-roof of cord from the sixth to and including the ninth dorsal. The muscles were crushed, soft, pulpy and mangled beyond recognition in region of injury. The lamina of seventh dorsal broken and separated from the body; transverse process either side of seventh, fractured, with facet for ribs torn completely off;

\*Read by title before the Ohio State Medical Society.

ends of ribs stuck up in wound like two fists; the body of seventh vertebra was dislocated forwards fully one inch or nearly slipping out in front. Spinous process of seventh vertebra was split and crushed.

The spinous process of the eighth dorsal was not only split but actually inverted, penetrating the cord, crushing it. The lamina of eighth fractured; the body of eighth fractured but not dislocated.

The membranes were punctured and badly lacerated at different points with free hemorrhage in the arachnoid space. The cord was crushed at juncture of seventh with eighth by the inverted spinous process of eighth; the cord was carried forward with the dislocated seventh vertebra; compression at juncture with sixth and eighth.

Altogether I cannot conceive of a more frightful injury unless we might include cutting off the cord and immediate death of patient.

Did not use trephine; did not have to. Do not think it safe to trephine the spine. The bones being soft can be separated readily with safer bone instruments.

Removed all bony roof from the middle of ninth dorsal to and including middle of sixth dorsal vertebra; passing my finger between the body of seventh dorsal elevated it into position; smoothed all rough or sharp bony prominences; removed all clots; stopped all hemorrhage; replaced dislocated ribs as well as I could without any articular facets, and placed strands of catgut along bottom of wound in such a manner that the cord could not come in contact with them, or in fact with anything, requiring some care here in the disposal of remaining bones and overlying muscles. Sutured muscles carefully on either side; sutured skin, applied dry dressing.

The after treatment of this case was uneventful. The sensation returned at once in both lower extremities; motion perceptible in rectii muscles at end of fourth day. Compelled to use catheter to pass urine until the seventh day when it passed normally. No control over sphincter ani until the end of first week, restored. Knee jerk restored at end of second week; could raise limb from bed at end of fifth week; can walk with crutches at end of three



months. Applied plaster of Paris jacket for support at end of second week.

The wound healed without any pus and with three dressings primarily in one week. No fever at any time. Urine did not present any albumen or sugar; no casts or abnormal deposits, sp.-gr. 10 20.

Patient suffered no pain after operation; no atrophy of muscles of lower limbs since operation; joints not thickened. Patient walks about with aid of cane, June 5, 1891.

The patient is under care of Dr. Marchand, of Canton, and is at the Stark County Infirmary. The doctor reports the patient as rapidly recovering his bodily vigor, can get around readily, and that the plaster was removed during April. There is no deformity at all. I would have wished the plaster had remained on longer, but it seems no ill effects followed its removal. I was kindly assisted in the operation by Drs. Miller and Reed, of Massillon.

The only plea I have to make in these cases where the diagnosis is made, is for an immediate, thorough and careful operation; a few hours delay in my opinion is sufficient to render the operation futile, and I have no hesitation in placing the cause of failure in so many of these operations to delay. Some eight years ago I reported a case to this society where I had made the operation three years after injury, with the result of complete failure, patient dying two weeks after of acute albuminuria.

But in doing this work the utmost care is required not only in removing all bony or other foreign material from the vicinity of the cord, but that no possible chance for subsequent hemorrhage or pressure from exterior cause can occur, as even the pressure of superimposed muscle will be sufficient to deprive the cord of life, or a small shaving of bone will cause inflammatory softening and death. Slight hemorrhage will cause a clot that will act more rapidly than in the brain, in causing death; but the operation can be done and should be made safe by care and without hurry, and I repeat without delay. No patient should be allowed to die without an attempt by an operation to save him.

## A CASE OF PARALYSIS FOLLOWING GRIPPE.\*

BY HENRY S. UPSON, M. D., CLEVELAND, OHIO.

Attending Physician to the Lakeside Hospital, Cleveland.

I wish to call your attention for a few moments to-night to an example of a disease, which, although fairly common, has only been generally recognized during the last few years; a disease which, like many other affections of the nervous system, is easy to recognize in a typical case, but in some cases extremely difficult. The patient is a man of 59 years, but very old looking for that age. I should have said at a guess much nearer seventy than sixty, and yet a man who, up to the present time, has been in fairly good health. Eight or ten weeks ago he developed a very severe cold, with coryza, sore throat, etc., but no very marked symptoms of the grippe, which was then prevailing. From this he recovered fairly well. Three weeks ago he began to have difficulty in breathing, had a sense of oppression about the chest, a severe cough and dyspnoea on exertion. This condition has continued ever since. Ten days ago there began a numbness in the right hand and arm, with some pain. Since that time there have been severe pains in both arms and in the back, which are described as being dull and aching in character, but very severe. There has been also a progressive loss of power in all four extremities, but worse in the right arm and leg. The patient walks now with great difficulty with a cane, and can hardly raise the right arm at all. He is not in bed, sits by the fire and seems fairly comfortable, but has to be waited on a great deal. On examination, the patient's face as he talks has a very immobile mask-like expression. There is marked paresis of the muscles about the mouth on both sides, the eyes remain half open, even on attempt at firm closure. The tongue is protruded straight. The grasp is very weak indeed, almost imperceptible on the right side, slightly stronger on the left. The muscles of the arms and shoulders are all of them weakened, but none of them ab-

\* Read before the Cleveland Society of Medical Science, June 13, 1891.

solutely paralyzed. The same is true of the muscles of the legs; all movements can be executed but feebly.

The pupils are equal, of moderate size and re-act well to light; there is no strabismus. The knee-jerks are absent on both sides, even when tried by the Jendrossin method. Sensation is acute all over the body. The intellectual powers are intact and there is no drowsiness nor headache.

The muscles of the arms and shoulders re-act well and promptly to the Faradaic current.

To sum up, we have developing rapidly but not suddenly, in a man already suffering from a catarrhal process, a paralysis affecting the face and all four extremities, accompanied by pains and numbness but no anaesthesia. Here, as in most cases, it will be well to locate the lesion, before attempting to determine its nature.

The motor tract may be affected at any point from the cortex to the affected muscles. We may conveniently consider the tract from above downward. A cortical lesion causing such a paralysis, would necessarily be on both sides of the brain, over the motor areas, and be very extensive. Such a lesion would be practically certain to cause general symptoms of disturbance of brain function, such as headache, impairment of consciousness or of nervous inequality of pupils, and so on. The same remark would apply to the region of the great local ganglia. So that, with the general health and mental vigor of the patient as they are, these regions may be left out of account. It should be observed that these remarks apply to a sudden or rapid lesion, not to a slow one. A tumor, or still more, a sclerotic process, as it is encroaching gradually on brain tissue, sets up a sort of tolerance to its pressure, and may do great damage without causing any of these general cerebral symptoms.

It is evident that any single lesion of the central nervous system, account for these symptoms would have to be situated as high as the exit of the facial nerves from the medulla, so that we are limited to two suppositions; a small pons or medulla lesion so situated as to implicate both motor tracts as they lie near each other in their downward course, or a multiple lesion, which, in a case of so acute

onset, would be apt to be inflammatory and situated on the nerve trunks.

A moment's consideration of the symptoms of these two forms of lesion will give us the basis for a diagnosis. A tumor or other lesion in the medulla may readily be so situated as to affect both pyramidal tracts without affecting much or at all the sensory fibres. With this paralysis, at the end of about a week, the reflexes become exaggerated from the removal of the inhibitory influence of the brain on the spinal centers. There is no atrophy, no reaction of degeneration. The cranial nerves are apt to be involved in the affected muscles early in the disease, either at the nuclei, or on their way out. Vomiting, dizziness, sugar in the urine, are apt to appear before death from implication of the respiratory centers.

In a well-marked case of multiple neuritis the symptoms are quite different. Except in alcoholic cases the sensorium is usually clear; there may or may not be fever. Paralysis is usually widespread, in severe cases accompanied with diminution or absence of reflexes, later, atrophy and re-action of degeneration in the affected muscles. There is usually anasthesia more or less marked; tenderness along the nerve trunks and pain are often severe.

In this case the abolishing of the knee jerks speaks strongly in favor of a peripheral lesion, as do the pain and tenderness. Although there is time for a reaction of degeneration to have developed, its absence may be readily accounted for by the fact that the muscles are none of them entirely paralyzed. Atrophy could in any event not yet have taken place. The involvement of the face is exceptional but by no means unknown in multiple neuritis, and the disease has well-marked motor and sensory types, one set of symptoms often almost entirely predominating over the other. The case, then, is without much doubt one of multiple neuritis in which the prognosis is fairly good, but not absolutely so.

The only antecedent which seems capable of accounting for the disease is the catarrhal process from which the patient suffered; this suggests the possibility of the invasion of the system by the hypothetical grippe organism; proof of the dependence of the disease



on this cause is not at hand. The treatment advised was potassium iodide in ten grain doses, three times a day, with arsenic and digitalis, especially the former, in case of failure of heart action or respiration from involvement of the pneumogastrics.

The patient some weeks after the examination was reported as having improved, so that he could get about the room.

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## CORRESPONDENCE.

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### LETTER FROM VIENNA.

I left Berlin on April 28. It was rather hard to break away from the good friends I had learned to know there, to give up all the advantages of study afforded there, and to move myself from the ruts of ten months wearing. Berlin is a fine city, the people not very friendly to strangers, but when once one has become well acquainted, they are good friends and companions. Berlin has good hospitals and worked properly one can ask for no better opportunities than can be secured there. The professors and especially the assistants are conceited, and like to be fussed over, but their susceptibility to flattery enables one to secure favors.

From Berlin I first went to Dresden, where I was three or four days. The city itself is not especially interesting but has beautiful environments. A ride up the Elbe is truly fine: not the charming picturesqueness of the Rhine, but still the hillsides and tops with villas are delightful. At Dresden I saw Leopold do some operations and clinical work. He is a good teacher, a crank on asepsis, but gives good chances to the dozen or so assistants to learn diseases of women, and obstetrics. A half dozen or more Americans are there. My next jump was to Munich, where I had a week. A fine old place, lots of people, oceans of beer, and good hospitals. My week in Munich broke my stomach up badly, not because I drank too much beer, because that beverage does not agree with me, and I used but very little of it; but because the food was so poor. The Munich people have but one ambition and that is to

keep up their record in beer consumption, hence they pay little attention to food. In M. I saw Ziemssen and Winkel; the former is tedious but the latter is an excellent teacher and a good operator. I saw him do an extra-uterine pregnancy, child eight months old and dead. He has lots of material and conducts a good clinic. He has three or four American assistants in the hospital. Munich has much of interest in art and architecture, much more than Dresden. I expected to go from Munich into Italy, but my stomach being bad, I hardly felt equal to a diet of maccaroni. So I went into Switzerland. I entered that land of beauty over Lake Constance, a charming sheet of water. Then Zurich with her beautiful lake and fine view from the mountain in her backyard. Next came Lucerne, whose praises I can't sing in the strain they deserve. I made that city the center from which I did a number of excursions. I went up the Rigi, climbed up by the cog railway, a much easier method than walking. The day was a bit cloudy, so the panorama was imperfect, yet the glimpses of the world below were ravishing in loveliness. I walked down. Take my advice and climb mountains from the top; it is easier and quicker than the other direction. Lake Lucerne is a thing of beauty, set in as she is in the midst of rocky, rugged mountains, and having so many exquisite bits of magnificence. Then I did a part of the Gothard railway, which is a wonderful piece of engineering skill. The grades and tunnels are almost inconceivable. I did the St. Gothard pass on foot, though it was a trifle early in the season, as I found at and near the top. It is about 7,000 feet at the summit, and I had to wade through snow often to my waist, and walked on the surface of a great deal more that would have let me down several times my length, had I gone through. I came back through the long black hole. I was eight hours walking over, and twenty-two minutes coming back, but I saw much more on the over trip than by the return. Then I returned to Lucerne and made a trip to Interlaken and Berne. The former is a charming resort, fine hotels, splendid views and lots of interest. From there I went up a neighboring valley or two, saw some wonderfully beautiful waterfalls, and did a

glacier exploration. The word glacier always conveyed to my mind an idea of clear, pure, virgin ice and snow, smooth and shining. I now know it to be composed chiefly of cracks, stones, dirt and snow that lets you in to the waist, and a great deal of slippery, dirty ice. Still it was interesting though a hard road to travel, and one was glad to go on a string the other end of which was attached to a guide. Berne is an odd, old nest, having much peculiar to herself. Back to Lucerne, again to Zurich and then a long ride through valleys, tunnels and over viaducts to Innsbruck in Tyrol, where I had a lonesome Sunday. The people dress peculiarly, smoke long pipes, do a great deal of praying and counting of beads, and have a good time generally. Innsbruck has a charming location on the Inn river, in a valley between high, picturesque mountains, has a church full of art treasures, an old castle which the French failed to destroy, a thing that seldom occurred in Germany, and is a delightful place to stay twenty-four hours; longer wearies one. Then a pleasant ride to Salzburg; next to Luzern, the most charmingly situated city I saw on my trip. It has a raw back-bone against which the houses are built; on the rock is a fine, old castle from whose tower one has a glorious view over the adjoining land; also it affords a foundation for several smaller castles, and a good restaurant or two, where I heard some pleasing music.

Now, here I am in Vienna, a great and splendid city, the Mecca of American medical students, of whom a goodly number are here. The best classes here are, however, full, and it is hard to get just what one wants. I find it next to impossible to do gynaecology, so am scattering out into general work. This is a great place for skin and diseases contracted by violation of the seventh commandment. Billroth still holds the fort. I've been in his clinic two or three times but one can't see much; he has too many assistants who do the looking on. Kaposi is a wind-bag but a good teacher. He can show one more skin diseases in a week than any other man living, I presume, as he has an immense material. I go to Chrobak's lecture occasionally. He is a trifle slow, but knows the diseases of women tip-top. I hope to do some obstetrics with one of his assistants.

They've an awful lot of births. The maidens here are industrious in their obedience to the command to "increase and multiply." One can see plenty of throats here, and all the ears that he would care to look into. Living is more expensive than in Berlin, but the food is better.

The Koch "cure" has no followers here at all. In fact the subject is ridiculed. The cures which newspapers report from America are laughed at. During the last week of my stay in Berlin, one heard little of the use of the substance, though several of the hospital men still injected it. I see by the Berlin medical weekly that some cures are attained at Moabit Hospital in laryngeal phthisis, but the man who reports them is known to be a crank and I take little stock in his story.

I thank you for the copies of the GAZETTE you sent me.

Vienna, 9 June, 1891.

G.



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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### MEDICAL LITERATURE AND LITERARY INVESTIGATION.

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The June number of the *North American Practitioner*, publishes a lecture by Dr. Bayard Holmes delivered before the Chicago Post Graduate Medical School, which deserves a wider circulation. He says: There are several stand-points from which this subject may be viewed. As a reader, you must know where to obtain information on any subject in the most expeditious and systematic manner and at the least expense. Let us, for example, suppose that you are studying such a disease as hereditary ataxia. By reading in

any text book you will renew your knowledge of the general features of the disease, and you will be referred to the original contributions of Friedrich in Virchow's Archiv. BD. 26, 27, 68, and 70, and to Everett Smith's article in the *Boston Medical and Surgical Journal*, October 15th, 1885. You will carefully copy these references on separate slips of paper and seek the original articles in your own, in your neighbor's or in some public medical library. You will then be as familiar with the literature up to the date of the last publication as its author. If you choose at the same time to investigate the subject of heredity, you will be able to find a brief allusion to the subject in any pathology, and even reference to a few works on the subject, such as Darwin, "The Descent of Man," and "The Origin of Species." Before reading these, a review of the subject of heredity may be made by reading references to this heading in various cyclopedias, especially the Britannica. If such a work as Ziemssen's "Cyclopedia of Medicine," is at hand, it can be consulted with profit.

Now, having a general understanding of the subject in at least two aspects, it may be desirable for you, in the present instance, to exhaust the clinical and pathological literature up to date. This you can readily do in the following manner: Take the catalogue of the library of the surgeon-general (4to, Washington, of which eleven volumes are published) and look for ataxia, heredity and other aspects of the disease; also for Friedrich's "Disease." This will give you references to all the cases and publications on the subject up to the time of publication of that catalogue. For the later literature, you will refer to the thirteen volumes of the "Index Medicus," published in Detroit by George S. Davis. Each volume has an index. This disease is referred to under paramyoclonus. A large number of cases and a few exhaustive articles will be found. Only a few may be accessible. If determined to read all the literature, you must go to one of the three or four large medical libraries, or have the articles copied and sent to you. The largest medical library in the world is that in the surgeon-general's office at Washington. By

sending the librarian a draft on New York for fifty or a hundred dollars you may be able to have sent you by express at your own expense almost any book in the library. You will be allowed to keep any book so furnished not more than two weeks. Some books could not be replaced if lost; such books are not loaned. Where articles are short, five pages or less, or when they are in language you cannot read, it will be better for you to have them copied or translated, and sent you in type-written sheets. These cost ten to twenty-five cents a page. Should you wish copies of illustrations, they may be made by photography, if in black, and can then be cheaply engraved. When you are through with your work and have returned your borrowed books, the librarian will send you the money put in his hands to secure the library against loss. The second medical library is that of the Academy of Medicine in New York. Its books are not loaned. The third is that of the Medical Library Association in Boston. The fourth is the library of the College of Physicians and Surgeons in Philadelphia, and the fifth is the recently established medical department of the Newberry Library in Chicago. The books in this library are not loaned. It requires a vast deal of patience to study any medical subject exhaustively. Sometimes an important article cannot be found, or there is not time or motive for so tedious a study. Then, as a preliminary study, the subject may be looked up in the year book of progress. The best known examples of these compilations are Braithwaite's Retrospect and Virchow und Hirsch's Jahresbericht. From the abstracts which these volumes contain, a very good idea of the scope of each article may be obtained. You may thus decide whether you wish to read the original or not. In the same category as the Retrospect and Jahresbericht are Sajou's Annual and Schmidt's Jahrbucher, though it seems to the writer that nothing compares with Virchow and Hirsch's Jahresbericht for real investigation. In your reading you presumably take some notes. However brief or however full, it is desirable that they be permanent and legible. If they are intended to be used by you in the preparation of some lecture or magazine article, or in a more ambitious

compilation, they should be made for such article on separate pieces of paper, with exact references and quotation. Unless you are extremely and conscientiously careful in this particular, you will be accused of literary robbery. Avoid the possibility of such a disgrace and of much trouble, by making careful, exact, and, if necessary, copious notes, in a clear and legible hand. Many of the articles which you look up at the expense of much time and labor, if not financial outlay, you will find perfectly worthless for your purpose. Do not neglect to make a note of this fact, it may save you time, and should serve as a warning to you not to encumber the literature with worthless words.

It has already been presumed that you are reading not only to learn but also to teach. The physician who sees how the great science of medicine has been built up by the unrequited labor of thousands of devoted and self-sacrificing students, cannot but be impressed with the obligations under which these labors have placed him. If he is a true man, he will not be willing to take without giving. Medicine is not an aristocracy or an oligarchy; it is, more than any other science, a republic. While advances must be made by the dashing effort or life-long toil of a few, the rank and file must bear the brunt of labor in sacking and mining against our inheritance of superstition and ignorance. It is the duty of every physician to read; he cannot read thoroughly unless he write, therefore every physician should write. It is not necessary on this account to publish. His productions should be read before local societies, and, if well received, they may be published. You say you cannot write. That is because you have nothing to say. When you have learned more about something than anyone with whom you come in contact, you will want what you believe and know. Then it is a good plan to tell your best and most indulgent friend what you propose to write. See if you can convince him. Answer his objections, or, if he fails to comprehend, try again. When you get time, sit down, and with your friends before you in mental vision, write your arguments. Convince each one of them of the correctness of your position. Give the carefully written paper to



some competent person for literary criticism. Correct and lay aside until you have studied some other object awhile. Read aloud. You will perhaps be surprised at what you have written. Correct and read before your society.

In regard to literary style, the less you think of it while you write, the better. Say what you wish to say with the utmost directness and with as little consciousness of writing as possible. Read, nevertheless, with great care the best authors. Never think time wasted on good English literature. A few authors much read will do all that can be done to furnish models of style. A conscientious effort to convince will lead you to a good style if you practice faithfully and diligently. Should you learn German or French? Certainly, if you are under thirty. You may learn both these languages if you are forty; but it will be a little more difficult for you. I have a friend who learned German so that he read it readily and intelligently, and yet began to study it when he was fifty-nine. German and French are necessary for extensive medical reading, and these languages should be required hereafter for admission to any medical college. There is an erroneous notion prevailing that original experimental investigation is necessary to the production of any valuable medical literature. This is a great mistake. Clinical investigation is not an over-worked field. Especially is this the case in what might be termed private practice, and notably country practice. There is, however, much experimental work which can be best done in the country, and the use of crippled or condemned animals should be secured for our science.

Your own library will show how systematically you read. It should have for its head and back-bone, encyclopedias on general topics, e. g., Johnson's, the American, the Britannica, and on medicine and surgery, e. g., Pepper's Ziemssen's, *Deutsche Chirurgie*. These should be supported by monographs and lesser systematic works. Life should be given the whole by five or six of the largest and best medical journals, one or two weeklies, the rest monthlies. Don't neglect to keep the completed volumes bound up to date. Every considerable town should have a medical library, in which

most of the journals should be on file with a complete set of index medicus.

In reading there must always be a motive. This is, usually, in the beginning a desire to know more about the condition, manifestation or history of some individual case. Soon the reader finds himself working an hypothesis. Then he is writing on a theory, and, when his work is tested and applied, enlarged and restricted, it is taken into the body of science as a principle. If you study your subject exhaustively, you will not need much advice in putting together your argument. It must be done to convince. You must not tire your readers, therefore you must express yourself clearly, sharply and tersely. The harder as a rule it is for you to write the easier it will be for your readers to read. Almost every good article is a condensation or brief of an extended argument. Of all the medical writers with whose production I am acquainted, Von Eschmarch is the model. Every sentence is a shining thought away from which all dross has been blown. When you read one of his articles you wish you could look into the manuscript book which you know he has prepared on the subject, and of which you believe he has given you only a bold outline.

There are many physicians who never read anything but an abstract. You cannot hope to influence such men. You need not write for them. They call the journals stuff, and all who write upstarts. Their mental maw can endure nothing but liquid diet, or, at most, an occasional rehash. Their reasons are borne on, not by reason, but fashion.

Whatever you write, give your article an expressive name. Let it, if possible, contain the gist of your thesis.

However complicated the framework of your article may be, let its skeleton be covered up, so far as typography is concerned. Avoid capitals, italics, and all sorts of headlines. It is proper, however, to state a proposition at the beginning, and to draw a formal conclusion at the end; indeed, this should always be done in a serious essay.

Should your article need diagrams or illustrations they can be

engraved from photographs, from objects or from your own drawings in black or white. Poor or unnecessary illustrations detract from the motive of the work.

Don't write with the expectation that it will advance your popularity with your patients. Such an object is unworthy and will not augur good work. Your object is your own culture and the instruction of the profession.

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#### STAFF FOR THE CITY HOSPITAL AND INFIRMARY.

We are pleased to see that the plan which the *GAZETTE* has advocated, of having a staff of physicians and surgeons for the City Hospital and conducting its medical affairs like those found efficient in other similar institutions, has been adopted by the new city government, and has gone into effect. David Morison, Director of Charities and Correction, after consulting members of the medical profession, made the following appointments: Consulting Staff Surgeons, Dr. G. C. E. Weber, Dr. C. B. Parker, Dr. F. E. Bunts, Dr. C. C. Arms, Dr. J. K. Sanders, Dr. W. T. Miller; Physicians, Dr. Jno. Bennett, Dr. S. W. Kelley, Dr. B. B. Brashear, Dr. C. F. Dutton; Obstetricians, Dr. H. H. Powell, Dr. H. W. Rogers, Dr. H. J. Lee; Gynecologists, Dr. F. D. Brandenburg, Dr. M. Rosenwasser, Dr. W. H. Humiston; Oculists and Aurists, Dr. D. B. Smith, Dr. A. R. Baker, Dr. H. G. Sherman; Dermatologists, Dr. W. T. Corlett, Dr. E. Preble; Neurologist, Dr. H. S. Upson; Visiting Staff, Dr. H. S. Straight, Dr. J. F. Hobson, Dr. J. P. Sawyer, Dr. A. Peskind, Dr. C. E. Cotton and Dr. G. W. Crile.

On the evening of July 1, the staff met in the city hall for the first time. On motion of Dr. Smith, the meeting was called to order with Dr. Brashear as president, and Dr. Kelley as secretary. Director Morison stated the object of the meeting to be for organization and arranging the service. He said the staff are to have full control of the treatment of patients; the management reserves the right to receive and discharge patients as in the past. Superintend-

ent Mellen stated that there are now 480 inmates in three departments. Of these, 137 are paupers, 260 insane, and 83 are in the hospital department. Dr. Dutton inquired as to the medical records of the hospital and was informed that they are very meagre. A committee, including representatives of all the colleges and of the profession not connected with any college, was then elected to draft a set of rules and regulations.

The members of this committee are Dr. M. Rosenwasser, Dr. H. J. Lee, Dr. J. K. Sanders, Dr. W. T. Corlett, and Dr. W. T. Miller. Dr. Rosenwasser, chairman of this committee, asked for instruction as to the method to be pursued in appointing house physicians; whether it was to be by competitive examination or merely by recommendation to the Director. After some discussion it was decided to make appointments by competitive examination.

Dr. Powell made an earnest address on the importance of the work. The positions on the staff will not be sinecures. It is especially necessary that the visiting members be industrious and faithful, and this requires a large amount of time and labor. Any negligence of one member would be a reflection on the whole staff, which the eyes of the people would not be slow to observe.

Adjourned to meet in two weeks.

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#### REPORT OF THE HEALTH DEPARTMENT OF THE CITY OF MANSFIELD.

The health officer, Dr. R. Harvey Reed, presents a number of interesting matters for consideration, among which is that of the "slaughter shops" which is a subject of more than local interest. Among other things he says: One of the omnipresent associates of each of these slaughter houses is a pen of hogs which are feasted on the blood, intestines and other offal, which constitute their chief diet, and on which they live, grow and are fattened. I inquired occasionally if they fed their hogs corn for a while before they are slaughtered, but received a negative answer. One man said he never killed his hogs for home consumption, but sold them to be shipped east.



Just imagine the flavor of pork fattened on the offal of a butcher's shop, whose daily drink is blood and whose diet is the entrails of their slaughtered companions. You would all "gag" at the idea of eating dog meat, but will you tell me how much better in point of cleanliness and purity a hog is which is fattened on the poorest and foulest class of flesh imaginable, than the carnivora whose nature it is to live on meat. Is it any wonder Germany has excluded the American hog from their markets? We are not here to condemn the hog that is fattened on corn and fares sumptuously on pure water every day, but the hog that quenches his thirst with blood and is fattened on spoiled meat and intestines is not fit for the use of man, as an article of diet, in the humble opinion of your Health Officer.

A huge pile of bones is another fragrant associate of the slaughter houses, with all their delicate and penetrating odors; while as a rule the floors of these houses are open and the blood, bloody water and other organic juices trickle down between the flooring and saturate the soil beneath, which in turn becomes one seething mass of putrefying corruption, filled with offensive and obnoxious odors. Frequently we found baskets and boxes filled with spoiled hams, shoulders, side meat and other decaying flesh, ornamenting different parts of the slaughter house to aid in keeping up the fragrance of the room.

Now imagine a hog pen with all its natural odors, to which is added the fragrance of decomposing blood and flesh at one side, a pile of odoriferous bones on the other, and the soil underneath seething with putrefying organic matter, and the room itself ornamented with decaying meat, as were actually the facts in some of these shops, and then imagine such a place to kill and cool the animals from which you obtain your choice roasts and tender steaks, which must hang for hours in this fragrant atmosphere while cooling or awaiting transportation to the city, and you have a faint picture of the average butcher shop of our city, and the atmosphere our meat enjoys prior to its journey to the frying pan.

Its transportation from the slaughter house to the meat market is no less romantic; here it is dumped into a dirty, filthy, greasy, bloody,

besmeared, stinking wagon box and covered with a dirty cloth that the meanest man in town would scorn to use as a horse blanket for the worst "crowbait" in the city, which is covered with blood and dirt, and smells like a carrion and is little better, but is plenty good enough to cover the tender mutton or stall-fed beef on its way from the slaughter house to the market.

The common "pudding meat" of our shops has an interesting history, surrounded with fragrance and tainted with romance. This delicate luxury is the child of the shop-soured scraps that have become unsalable, which are cooked up with, and not infrequently, the calves and sheep heads (the two latter with the brains and eyes also) until the bones can be shaken out of them. Then they are picked out and the meat is ground up and seasoned highly, so as to cover any tainted flavor it may have, and is then stuffed in skins, when it is ready for sale, and in this way an unpalatable, unmarketable batch of meat is made salable. Bologna sausage may be said to be just a grade above the former, but likewise is composed of shop-soured meat mixed with "blue meat," i. e., old cows and the like, that are too poor and tough to place on the market in any other shape.

When an accumulation of this is gathered up it is not unfrequently sent to a foundry on Fourth street, where it is ground by steam in an old, dirty, fly-covered cutting box, all gummed up with dried blood, fibrin and meat juices, whose fragrance is enough to entice the buzzards for miles around; but which is a little better than some of the meat that is sent there to be ground. After this the meat pulp is highly seasoned or a little smoked bacon is sometimes cut up with it to give it a palatable flavor, then the whole mass is thoroughly mixed and stuffed in skins, smoked a little and placed upon the market.

The average butcher sausage shares practically the same fate and is usually made from stale pork and seasoned with sage and other condiments to cover its tainted taste and give it a degree of palatability.

Some of the firms have their own machinery and cut, mix and

stuff their own pudding, bologna and sausage, but that is no guarantee that its quality is greatly improved thereby, except that it is not quite so public and in some instances the machinery is kept more clean. They, no doubt, think where ignorance is bliss it is folly to be wise, on the part of the general public.

Few of the butchers of this city furnish their own "skins" for the sausage, bologna and the like, but purchase them from Chicago and other large cities. But you ask me what are "skins?" They are the small intestines of the beef, hog or sheep, usually the former, but seldom the latter, which are supposed to be cleaned by washing and scraping until all the mucus lining is removed and the "skin" is left clear and transparent.

Those of us who were raised on the farm and enjoyed the rare luxury of cleaning hog "skins" on butchering day can recall to memory this tedious process, which requires hours of diligent work, scraping each "skin" with a hickory scraper on a smooth oak shingle, inch by inch, until it would pass muster, when "blowed up" by our mothers, who inspected them carefully to see that they were perfectly clean and transparent throughout. We naturally become skeptical when we learn that these "skins" nowadays are bought by the bushel, so to speak, in Chicago and other large cities, all cleaned and ready for use, for a few cents a pound, and, as butchers have told me, for less than they can clean their own "skins." Look at these slimy coverings for our sausage and take a few sniffs of their fragrance before they are used, and I am sure that but few of you will be able to suppress the feeling of skepticism as to their actual cleanliness.

The question now naturally arises, how are we to improve this state of affairs as regards the slaughter-houses of our city?

My reply is to establish an abattoir, which, in other words, is a city slaughter-house, owned, governed, controlled and run by the city, where all animals and fowls must be inspected before they are killed, and where all meat brought to the city must pass inspection before it is placed on sale in the city markets.

## PERISCOPE.

"APOPLEXIA CEREBRI SANGUINEA."—AN ADDRESS DELIVERED BEFORE THE BERLIN MEDICAL SOCIETY, MAY 27, 1891, BY E. MENDEL. A SYNOPSIS. BERL. KLIN. WOCH.

"In considering the number of cases of hemorrhage into the brain resulting in a chronic condition of hemiplegia, we are struck by the marked agreement of symptoms in the different cases; by a remarkable uniformity of the clinical pictures. The principal departures from normal motility, varying in degree, are a slight difference in the pupils, an asymmetry, usually slight, of the two sides of the face in which the muscles supplied by the superior branches of the facial nerve functionate normally; deflection of the tongue toward the paralyzed side; and paralysis of one arm and leg. The sensory and vasomotor disturbances on the paralyzed side, although usually present, are not extreme, and, on the other hand, the tendon reflexes are increased.

"That this condition should be present with such regularity is all the more astonishing when we remember that in other pressure disturbances of the brain, as in tumors, etc., the manifestations vary so much in so many points that hardly any case resembles another at all closely.

"Inasmuch as a special physiological significance of the different portions of the brain is beyond doubt, we must conclude from the clinical observation of the hemiplegias following cerebral hemorrhages that in the great majority of cases the bleeding occurs in essentially the same location. This is confirmed by pathological experience."

(Morgagni, Valsalva, Cruveilhier, Andral, Rochoux, Durand-Ferdel, Rosenthal, all agree in finding the hemorrhages most usually in the optic thalami, corpora striata, and their vicinity. Observers are also well agreed that in by far the majority of cases the arteries concerned are the branches of the arteria corporis striati. Charcot



has particularly designated the arteria lenticulo-striata, the enteria of the arteria corporis striati externi by the name of "the artery of cerebral hemorrhage."

Experience indicates no great difference between the number of hemorrhages in the two hemispheres. In embolism, however, the relation is one of great inequality. Bertin found the embolus seven times right, thirty-one times left; Meissner found it twelve times right, and twenty-six left. The question which has busied authors since Morgagni is: Why are the branches of the arteria corporis striati ruptured with such especial frequency? The consensus of opinion is at present that two conditions are required for cerebral hemorrhage. First, a pre-existing affection of the vessel wall, and, secondly, a suddenly increased blood pressure, which causes the breaking of the diseased wall. Worm-Muller by direct experiment has demonstrated what the clinician would expect, that rupture of the sound vessel wall does not occur even under double pressure.

In 1851 Virchow described the pathological condition of the vessel wall, which favors the occurrence of hemorrhage. The essential process, ampullar ectasia, he considered to be the atrophy of the circular muscle coat which appears in every possible degree in the remaining vessel wall.

Bouchard and Charcot confirmed the occurrence of atrophy of the muscle coat in the ectasias, which they termed miliary aneurisms; they do not hold this to be a primary affection, but make it secondary to nuclear processes in the adventitia.

These miliary aneurisms were found by Charcot in all cases of cerebral hemorrhage, especially in the smallest arteries, but never in veins or capillaries. Here it is proper to mention Eichler's view that the process begins in a chronic affection of the intima, which is identical with atheromatous degeneration and endarteritis deformans, but it must be understood that this process has nothing in common with that fatty and atheromatous affection of the vessels, which, since Abercrombie and Paget, has been held to be the starting point of the bleeding. Virchow denied their causal relation to this difficulty, and Charcot and Bouchard pointed out that in a fourth

of all cases the arteries are not atheromatous. The miliary aneurisms, however, are found throughout the brain but with special frequency in those arteries which especially give rise to hemorrhages. But we have none the less to show why the vessels here are more frequently diseased than elsewhere. Other explanations succeed no better, as those of Morgagni, Charcot and Nothnagel. Our attention is now directed to the finer blood vessels of the brain. The excellent works of Heubner and Duret agree with Mendel's own observation that the arteries which supply the white substance and the great ganglia are end arteries, i. e., arteries branching at acute angles and having few or no anastomoses.

Heubner found extensive communications between the arteries of the pia before they enter the cortex, while Duret finds no anastomoses. Each view has supporters, Mendel himself declaring positively in favor of Heubner, although not finding the anastomoses as abundant as Heubner described.

How this arrangement may affect blood pressure and then the vessel wall, is the next question. There were no pre-existing experiments at hand, and Mendel undertook to construct an artificial circulation, in which, by means of manometers, he could determine the varying pressures when anastomoses were present and when they were absent.

The apparatus is fully described and the results obtained are very striking.)

"The constant result of all the experiments is that the pressure in the arteries of the cortex is very considerably less than in the carotid, while the pressure in the *arteria corporis striati* is but slightly less than that of the carotid."

For the next point the anastomoses in the cortex are of great importance :

"The fact that the arteries of the great ganglia tear much oftener than those of the cortex, depends not upon the former having to endure an abnormal high pressure, but upon the latter being by a peculiar arrangement protected from increased pressure."

The effect of increased pressure within an elastic tube is to dis-

tend it, not only in its transverse diameter, but also in the longitudinal. This distention in the arterial tube must occur at the expense of the distensible muscle-coat. From all these facts Mendel argues the etiology of cerebral hemorrhage as follows:

“The transitory rises in blood pressure, due to increased heart action during life, will be effective in the region supplied by the carotid, in the tract of the *arteria corporis striati* especially; in a much less degree in the arteries of the cortex.

“The walls of the arteries will be distended in both transverse and longitudinal diameters by the increased pressure. The frequent recurrence of this distention leads gradually in advancing age to an atrophy of the muscularis, to miliary aneurism; a new rise of pressure causes rupture and the development of the apoplectic attack.”

Such increases of blood pressure are caused, by psychical influences, by bodily effort, by alcohol, coffee, etc. In all other organs of the body, there may be a much greater variation of the quantity of blood contained than in the brain, but it is certain that the volume of blood in the brain may be considerably altered, so that in certain spots anaemia, and in others an excess of blood may occur.

Mendel considers that in an apoplectic seizure there is established a hyperaemia of the medullary portions at the point of hemorrhage and anaemia in the cortex and other portions. The effect of a seizure is like the effect of anaemia of the brain produced by excessive loss of blood, unconsciousness, vomiting and convulsions. Supported by clinical facts and his experiments, Mendel explains the phenomena of a cerebral apoplexy by referring the earliest symptoms of the attack to sudden, extreme variations of pressure; and unconsciousness persisting a longer time, and other general symptoms, to anaemia of the brain cortex.

In former days venesection was universally practiced. Now the ice-bag is just as generally used. From Mendel's point of view, the latter procedure is as irrational as the former. He concludes: “The only rational treatment of apoplectic seizure seems to me to

be the most absolute quiet of the whole body, in particular avoiding movements of the head, which should be kept as high as possible; conditions which are almost daily violated by the immediate removal of men suffering from an attack." J. P. S.

## AMONG OUR EXCHANGES.

Since DR. NOEGGERATH's paper published in 1872 \* the question of the contagiousness of chronic urethral discharges and their relation to pyosalpynx, pelvic peritonitis etc, in the female has been the subject of hot discussion pro and con, American physicians being inclined to the pro and British physicians to the con of the question. GEORGE GRANVILLE BANTOCK M. D., F. R. C. S. ED., etc,† claims never to have seen a case in which he could obtain incontestable confirmatory evidence that a case of salpingitis, pyosalpynx, much less hydrosalpynx, ovaritis, or ovarian abscess, was of gonorrhoeal origin, and while inclined to admit that perhaps, in rare cases, such mischief might arise, he evidently regards gonorrhoea as no bar to marriage. Per contra, DR. GEORGE EMERSON BREWSTER,‡ of New York City, is inclined to emphasize the importance of the small thread-like bodies in the urine known among German surgeons as *tripper faden* as indicating that the disease is still latent and communicable even though there be no discharge whatever from the urethra. He cites a case where a patient under treatment for these *tripper faden*, had married against his orders, and where the wife, within two weeks after the ceremony came down with acute specific valvo-vaginitis, urethritis and cystitis, ending in chronic pyelitis, and, holding that "far more suffering and incurable disease in women can be attributed to gonorrhoeal than to syphilitic infection," his rule is "never to allow marriage until at least three months have elapsed since the cessation of all acute symptoms and until repeated examinations of the secretions (including the *tripper faden*) have failed to show the

\* Latent Gonorrhoea in the Female Sex.

† Brit. Med. Jour.

‡ Jour. Cutaneous and Genito-Urinary Diseases.



presence of gonococci." In none of the six cases where he has been able to enforce this rule has the wife shown the slightest evidence of infection. The cases cited moreover in our last number by DR. F. B. ROBINSON showing a casual relation between old gonorrhoea on the part of the husband and puerperal fever from ruptured pyosalpinx on the part of the wife, while they would probably have but little weight in changing DR. BANTOCK'S opinion, will serve to confirm the cautious American practitioner in his notion that the young woman who marries an old gonorrhoea is running no little risk, and that the parent who inquires as to the antecedents of a prospective son-in-law for the purpose of finding out whether his daughter is about to run that risk is not so far off his base as some would think. The drift of clinical testimony this side the water goes to show that an aseptic husband is fully as important a prophylactic measure as an antiseptic pad.

As a means of promoting the exfoliation of the false membrane in *croup*, DR. R. I. PEARE, of Pleasanton, Kas.,\* has found that muriate of pilocarpine in full doses, acts promptly and efficiently, thus confirming the statement made by DR. ULTES, of Lansing, Mich., in 1885.† The drug is given in doses of one-half grain hourly till the skin moistens and the harsh throat sounds become soft. If the flow of mucus is too profuse, the child may be laid head downwards at an angle of about 40,<sup>o</sup> in which position breathing will become easy. With the cessation of the dyspnoea, the exhibition of pilocarpine is discontinued and ordinary tonic treatment resorted to. While attacking the false membrane by internal medication, it is well to remember that in *vinegar*, we have an efficient means of *softening the membrane*, and a remedy which has the advantage of always being readily obtainable. It vaporizes easily and is used for the above purpose by DR. S. J. BUMSTEAD, of Decatur, Ill., in the following manner:‡ He places the vinegar in an ordinary bread pan or other shallow dish. Then by heating flatirons or bricks in the stove and placing them in the pan, a great

\* Kansas City Med. Index, April, 1891.

† Therapeutic Gazette.

‡ North Am. Practitioner, May, 1891.

cloud of steam is generated, which soon fills the whole room. The only trouble he finds is to induce the attendants to be thorough in keeping up the steam—they are apt to get half-hearted, and the steam is irritating to a healthy trachea. Those who recall the prompt action of acetic acid in softening animal tissues will see a good reason for crediting his statement that he has “seen a number of desperate cases yield to this treatment after tracheotomy seemed to present the only hope.” As a germicide, acetic acid is claimed to be as efficient as carbolic acid, and by the method mentioned the air can be more effectually charged with the medicament, and a more continuous effect maintained than by any of the ordinary forms of atomizer. It is not at all surprising, considering the fact that all the products of combustion in the ordinary gasoline and gas-stoves are discharged into the room, instead of being carried off into the chimney as they ought to be, that a fatal result from the inhalation of the gases generated should be reported, as is done by N. K. McCORMICK, of Normal, Ill.\* The stove, a gasoline “Globe No. 5,” manufactured by the Standard Lighting Co., of this city, was going full blast in a small, close room, till it had consumed the available oxygen and substituted therefor the products of combustion. The man and his wife, who occupied the room, were heard about their work at 5 a. m., and at 7 a. m. they were found dead on the floor, while the baby aged four or five months was found almost lifeless in the next room. An hour or two’s work resuscitated the child. The smell perceived by those who found them was that of carbon monoxide. No post mortem was made. With the more extensive use of gasoline and gas as fuel, these accidents are likely to grow more frequent, and even where we do not have asphyxia, we may expect to find dyscrasias resulting from the contamination of the air in the living rooms by the products of combustion, unless especial care is taken to provide free ventilation. It is well to bear in mind that the hot colon injection, so efficient in allaying the pain of pelvic trouble in the female, will also, according to Dr. J. C. JONES,† enable an *over-distended bladder* to

\* Northwestern Med. Journal.

† Med. News, May 9, 1891.

empty itself, thus avoiding the necessity of catheterization. The fluid preferred is milk with a tablespoonful or so of sugar in it. From a pint and a half to a quart is injected as hot as can be borne. In about thirty minutes the bladder will commonly empty itself. Ice cold applications to the inflamed joints together with free use of salicylate of soda internally is the method employed by DR. W. H. CARRUTHERS\* in treating *acute rheumatism*. Towels wrung from ice water are applied to the joints and changed as fast as they become warm. Salicylate of soda in 15 grain doses is given every two hours. He claims that this treatment thoroughly applied will abort the disease in from two to four days—and that the cases so treated are exempt from relapses and heart complications.

L. B. T.

## NEW BOOKS.

For Sale by P. W. Garfield, Cleveland, Ohio.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Henry G. Piffard, A. M., M. D., Clinical Professor of Dermatology in the University of New York, etc. Assisted by Robert M. Fuller, M. D., with fifty full-page original plates and thirty-three illustrations in the text. New York: D. Appleton & Co. 1891. Price, \$16.

One's first impression on taking up this book is that he is about to examine a work of art. The atlas shape, the beautiful heavy calendered paper, the numerous plates in the finest of modern photographing and engraving are well calculated to produce this impression. And it is a work of art—although made subservient to the cause of science.

Probably in no branch of medical teaching are illustrations more essential than in dermatology. No amount of text, however graphic, seems equally clear. And thanks to recent advance in photo-engraving a wonderful accuracy is attained in delineation in black and white without the use of any pigment. These plates seem to supply nearly all that sight can learn, and tempt one to try on them his sense of touch. The text too is quite satisfactory, at

\*Kansas Medical Journal.



least to the general practitioner. We presume, of course, the dermatologists and pathologists will skin teeth and split hairs over certain parts of the classification, but the every day doctor will recognize the picture of the disease, find it well and clearly described and the treatment indicated, and be satisfied.

Another point in its favor is the moderate price. Atlases of skin-diseases have generally limited their sale by their price. This one will be extensively sold not only to specialists in that department but to the rank and file of the profession.

PRACTICAL SANITARY AND ECONOMIC COOKING. Adapted to Persons of Moderate and Small Means. By Mrs. Mary Hinman Abel.

To this essay was awarded the first prize among seventy competitors, and the unanimous opinion of the able judges of award and testimonials from members of the American Public Health Association prove that it is a work of great practical value, and that it would in many cases assist in securing to families health, comfort, and happiness in life, if it could be placed in their hands. It would be of immediate and permanent benefit, and especially assist in bettering the condition of those for whom it is principally intended.

In the Lomb Prize Essay on Practical Sanitary and Economic Cooking we have a new departure in cook books—we have a book which stimulates thought and encourages study of cookery problems, and does not leave the reader with the usual bewildered mind. This little book ought to lay the foundation of a school of American cookery which shall in time be as famous as the French cookery is to-day. Let us be barbarians no longer, but let us use intelligently the great abundance of good material with which our markets abound.

Because the title page says "for persons of moderate or small means" let no one lay the book aside as unsuited to a rich man's needs. The same nutritive principles must be found on both tables, and health is as essential for the rich as for the poor. Mrs. Abel has succeeded in the difficult task of making clear to the unscientific mind some of the fundamental scientific principles on which the preparation of food depends, and she has not hesitated to expose many of the fallacies which have hitherto ruled our kitchens, because



she was in a position to be sure of her ground. Every High School Laboratory should place this little book alongside of its text-book in chemistry.

PRACTICAL NOTES ON URINARY ANALYSIS. By Wm. B. Canfield, A. M., M. D., Chief of Chest Clinic and Lecturer on Clinical Medicine, University of Maryland, etc. Geo. S. Davis, Detroit, Mich.. 1891.

This is a recent number of the Physician's Leisure Library, paper, 25 cents. It is an excellent little manual, well-named "practical," and will be found useful to the student in a course on urinary analysis, or to the practitioner who will keep it conveniently near his apparatus and reagents for an occasional reminder on the less used and sometimes forgotten points.

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## NOTES AND COMMENTS.

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*Counter prescribing* has become so flagrant in Topeka as to demand that some action be taken by the physicians in the near future. Some violators will have the privilege of giving an account of themselves for their lapses from duty in the matter of prescribing. A word to the wise is sufficient.—*Kansas Medical Journal*.

*The Dietetic Gazette* for June, has the following. "A recent lecture delivered by Mr. Charles F. Thwing before the Medical Department of the Western Reserve University, deserves more widespread attention than it will probably receive. Of the many gems contained in it he presents a selection which evince alike the merit of the author and the good taste of the reviewer," and concludes by saying that "the entire address as published in the *Cleveland Medical GAZETTE* for March, 1891, is worthy of careful reading."

If our keen-eyed cotemporary will remember that the best place to go a fishing is in the water; he may catch a good one every little while.

*Dr. B. W. Holliday* has returned from his trip abroad.

*Dr. Jamin Strong* has been appointed health officer of Cleveland, Ohio, in place of our former efficient officer, Dr. G. C. Ashmun.

*Dr. C. B. Parker* and Miss Lena Schlather, of Cleveland, were united in marriage on the evening of June 24th, and left for a trip East.

*Coddling.*—The following, from the pen of the “woman about town” in *New York Evening Sun*, is a suggestive, as well as entertaining, bit of newspaper prose: “A melancholy tale of a small boy was told recently to the woman—a tale whereby hangs—not another story—but a small, a very small, sermon. Here is the tale:

This small boy was the child of an intelligent, a super-intelligent mother, who had all kinds of beautiful theories about small boys and the way to rear them hygienically. From his babyhood, therefore, this boy had been brought up on theories. From the time he was promoted from baby foods—of which he was allowed to have only the most improved kinds—he never had the fun of eating any of the awfully unwholesome and awfully good compounds that do so much toward keeping the average boy from wanting to be an angel before his time. He never ate pie and pudding and hot biscuit and maple syrup and taffy and green apples and popcorn all at once, and he never had a howling stomachache which he could ease only by swearing a little when his brother was around and his mother wasn’t, and then crying a little in between, when nobody was around. No; he was allowed to eat only the simplest foods—oatmeal and a little meat and some potatoes and healthful whole-wheat bread and all the things that the books tell about. And so he lived and grew, in spite of it all, until he was about eight years of age, and then he went to make a visit to his grandmother, who wasn’t “advanced” or highly informed as to the new ideas in dietetics, but who was old-fashioned and had queer ideas that boys like good things to eat, just for the sake of eating them. And so she sat up nights to think of good things for this boy to eat. And he—well, he forgot all about his “bringing up,” and it is to be feared he sat up nights, too, to eat some of the good things she stewed up for him. This beatific state of things lasted a whole week, and then something serious occurred. The small boy grew suddenly and dangerously ill. His grandmother poulticed and dosed him with just the same old-fashioned enthusiasm with which she had fed him. But he had not been accustomed to heroic treatment of any kind, and in two days he died. That’s the story. The moral is this—it isn’t pointed, you will observe, either at the grandmother or at the boy, but at the mother. The woman lays the blame of the boy’s death right at the mother’s door. She had brought the youngster up on too improved methods. She had coddled his stomach and made its work easy for it until it had never developed half its normal strength and ability to take care of food; and the first time it found an heroic task set for it, it gave it up altogether. Stomachs are not unlike people. They need hard things to develop them sometimes. Lobster and Welsh rarebit and ices at unholy hours have their purpose in the physiological world just as well as dumb-bells and rowing machines and chest

weights. Trust your stomachs to tell you when you have carried your heroism too far. But don't make a molly-coddle of it, or it will make a dyspeptic or a corpse out of you. There is a sound sense and real wisdom in the voracious but ungodly taste which prompts the small boy to make an ostrich of himself. Let him do it if you want to make him strong.—*Medical Record*.

*Physicians and Percentages on Prescriptions.*—In his presidential address, delivered by Dr. W. R. Cluness, of Sacramento, before the California State Medical Society, in April last, the result of a very laborious investigation into the subject of percentages on prescriptions is dealt with. Dr. Cluness has made numerous inquiries regarding this practice all over the country, and finds it extraordinarily prevalent. Among one hundred and six large towns and cities, the practice was known to exist in sixty-seven and suspected in thirty-nine.

It seems to be extremely and scandalously prevalent in San Francisco. One physician of that place writes: I have been repeatedly approached by them (apothecaries), and commissions ranging from thirty to seventy-five per cent have been offered; indeed, many druggists openly maintain that they can afford, and in fact do give physicians all the receipts of the first prescriptions, contenting themselves with what they call "the repeats." In order not to have patients go to another drug store, one druggist has envelopes which are given to the physician who seals the prescription in the envelope; another apothecary has prescriptions telephoned to him direct from the doctor's office, and pays for the rental of the telephone. I had one patient tell me that his drug bill was larger than his physician's bill (of course, while under another physician's care). There are now two San Francisco druggists who announce a revolt from the system by conspicuous placards, one of which reads: "People's drug store; no commission paid to physicians on prescriptions;" and another bears the legend: "No percentage drug store."

We have no doubt that the percentage system exists in this city, though probably not to such an extent as in some other places. The practice is simply and unqualifiedly a dishonest one, unless the patient is told of it; and naturally this rarely occurs. But besides being dishonest and degrading, it leads to unnecessary and injurious medication. No physician can systematically avoid the tendency to prescribe medicine freely if he knows it will thereby increase his income. Human nature is too weak and the financial stringency of the physician too strong. Dr. Cluness has done a service in calling attention to an evil which is evidently wide-spread and serious, and one to which it would be well for medical societies to pay some attention. Doubtless many physicians have fallen into the percentage habit without much thought of the morals of it, or perhaps because others do it. A plain presentation of the facts, we believe, will lead every honest man to give up the practice.—*Medical Record*.



*Dr. J. B. Walker*, secretary of the Cuyahoga County Medical Society, has gone abroad for a few months and has promised the GAZETTE a few letters from Paris, Berlin, and other European medical centers.

*Dr. Henry S. Upson* is spending a few weeks in the Adirondacs.

*Dr. John H. Lowman*, of Cleveland, and Miss Isabel Louise Wetmore, of Euclid, were married on June 25th, and are gone abroad for a tour.

*Dr. Sarah C. Seward*, the efficient medical missionary in India, died from cholera at Allahabad, June 15th or 16th. She was born in Florida, N. Y., in 1833, and was graduated from Miss Willard's famous Troy Female Seminary. In 1878 she began the study of medicine at the Woman's Medical College in Philadelphia, and was graduated from that institution in 1870. While she was at the medical college Sir William Muir, who was then Governor of the Northwestern provinces of India, suggested to the Zenana Mission the desirability of having female doctors to practice among the women of India, whom no male practitioner was ever allowed to see. The mission made an appeal in accordance with the suggestion, and Miss Seward was one of the first, if not the very first, to respond. She left New York in December. Her life since then had been spent in her work as a medical missionary in India.

"*Sir Morrell Mackenzie* deserves the thanks of the community, for bringing an action against the owners of proprietary medicines for the unauthorized use of his name in the recommendation of their wares. It is the common practice to suffer from this abuse in silence; bogus certificates are published from health boards, physicians, or distinguished citizens to promote the sale of some medicine or particular kind of mineral water or beer."

*Baby Born in a Theater.*—During a performance at the Park Theater Dayton, Ohio, last night, May 4, Mrs. Thomas Griffith, who was in the audience with her husband, gave birth to a girl baby. It is believed this is the first case on record of a child being born in a theater. Only a portion of the audience knew what was going on, but considerable excitement ensued. The city ambulance was called to take the mother and babe to their home.—*Exchange*.

*The Mississippi Valley Medical Association* will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday, October 14, 15, 16, 1891. Reduced rates, an excellent programme, will bring out a large attendance. The medical profession is respectfully invited. The officers are as follows: C. H. Hughes, M. D., president, No. 500 N. Jefferson ave., St. Louis; E. S. McKee, M. D., secretary, No. 57 W. Seventh st., Cincinnati, Ohio; I. N. Love, M. D., chairman committee of arrangements, No. 501 N. Grand ave., St. Louis, Mo.



# THE Cleveland Medical Gazette.

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*VOL. VI.*

*AUGUST, 1891.*

*No. 10.*

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## ORIGINAL ARTICLES.

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### INFLUENZA.\*

BY D. N. KINSMAN, M. D., COLUMBUS, O.

Two hundred and forty years ago Salius wrote : " This disease spread over Europe and to the nations beyond; called by various names by the vulgar, it everywhere had the same nature.

"It began with a fever, severe or mild, heaviness in the head and a severe catarrh which descended to the chest. There arose troublesome coughing with thin or thick expectoration, frequently scanty or absent. There was loss of appetite, with depraved or abolished taste. This continued many days. There was marked languor and great bodily weakness, with slow recovery. The fever usually subsided the fourth day or before, but the cough lasted much longer. All recovered except the feeble, the sick or old, those with lung diseases, catarrhs or those who were poorly fed, or enfeebled by irrational modes of life." This is as true a description of influenza to-day as then. Its lines may be made stronger but their direction needs no change.

Influenza, " the Influence," Grippe, Mode Fieber, or " Fashion Fever," " Lightning Catarrh," and many other terms have been used to designate this often-appearing, widely-prevailing malady.

\*Read before the Ohio State Medical Society.

It spreads from west to east and from east to west again. It is confined at times in narrow limits, at others it belts the earth in its march and becomes pandemic.

Neither climate nor latitude, cold nor heat, seems to influence its course, for like death it has all seasons for its own.

Of unknown etiology, frost, rain and drouth, miasms, "corrupted air," deficient ozone have all been considered causal factors as well as the asthmos ciliaris, clouds of insects and the ever convenient microbe.\* Telluric and atmospheric disturbances have been incriminated. Deemed contagious, contact does not produce nor does isolation prevent it. Declared by all observers not to be deadly, it doubles mortality lists while it prevails.

If we may trust history, the course of influenza has always been paradoxical. At Rome, all died who were bled. In London, all died who were not bled.

Sometimes it hesitates in its course, at others it overwhelms a continent at a blow. At times it prevails as an epidemic, at others it becomes epizootic as well. Known from the ninth century it was first clearly described in 1580. It has since become so common that during the nineteenth century epidemics have occurred every decade. It spares no age and respects neither sex nor condition.

In 1732 the disease appeared in New England, spreading thence to the West Indies and Mexico. Fifty years later, as the *Morbus Russicus*, it spread over all Europe and America, attacking ships in mid-ocean in its course.

In 1832 influenza preceeded the invasion of cholera in America,

\*NOTE—A member of the English Parliament tells what he knows about the gripe. You are at once seized with the symptoms of catarrh, pernicious and hay fever combined. You feel a sheet of white hot iron enveloping your sides, it seems as if some one was boring into your back between the shoulder blades with a gimlet. You imagine you are being reduced to a soft jelly, if your mouth does not claim your attention by having each individual tooth in a rage. But the "demnition total" of physical suffering is as nothing in comparison with the moral state. You are conscious of having been unjustly condemned without a hearing, for all the crimes in all the penal codes which have ever been known of.

and ten years later was known in the United States by the facetious Whigs as the "Tyler Grip." This was the most serious attack, until the present one, from which this country has suffered during the present century.

Epidemics have spent their force in a few weeks; on the other hand, they have, as in our present epidemic, lasted through an entire season and prevailed the following year.

There are no prodromes.\* It has seemed to me that a simple coryza was the precursor sometimes, but even then it is not difficult to recognize the onset of the lightning catarrh.

A slight chill with pain introduces the scene. There is severe headache in most cases, in some simply a sense of weight, increasing to pain when the head is dependent or when the patient coughs. The whole head may be affected or the pain limited to the supra-orbital region, the root of the nose and the eyes. The back of the neck often aches so that the head is drawn back to relieve the pain. We have never found the neck rigid. This pain extends along the spine into the hypochondria and into the extremities. Rarely have we in the outset of the disease observed pain in the articulations, later these may be involved as in rheumatism, but without swelling or heat. If there is a square inch of surface which does not ache we failed to observe it in our own case. There is great distress in the chest and the abdomen is tender upon pressure. This last symptom is notable in cases with severe diarrhoea.

\*NOTE—Tessier of Lyons recently reported the result and investigations made by himself, Roux and Pitton, upon the micro-organism found in the blood and urine of divers patients sick of grippe during the year at the Hotel Dieu of Lyons. The micro-organism was studied in different culture mediums, (gelatine agar and potato). The characters are very interesting. It is an encapsulated diplo-bacillus reproduced by sporulation, best seen in the potato culture. Its pathogenetic properties have been studied by intra-venous inoculation in the animal.

Finally it has close affinity with the micro-organism which Jolles of Vienna, Scifur of Wurtzburg and Kirschner of Berlin have supposed to be the generator of grippe influenza. It has a certain resemblance to that which has been found in the water of the Moscowa reported by Tessier.

All these considerations lead him to attribute an important pathogenetic influence to this organism.

Early in the disease there is a redness of the eyes with tearfulness. The nasal passages, pharynx and larynx become dry, red and swollen, obstructing the respiration. A constant and exhausting cough comes on which is peculiar to this disease, worse at night than during the day. The patient sinks under the cough and dreads the paroxysms because they increase the pain and exhaustion. The expectoration in the beginning scanty, becomes at length abundant, airless and of a greenish or ashy gray color. Enormous quantities are sometimes expectorated by patients previously free from bronchial catarrh. Indeed, so large a quantity is sometimes thrown out in the early days of the disease as to make us suspect the patient is bringing up the contents of a freshly opened cavity. The breathing is increased in frequency and is often laborious even in uncomplicated cases. There are exhausting sweats.

In addition to these symptoms there is profound depression of the physical forces. We have seen patients who were scarcely able to turn themselves in bed on the third day of the disease. This weakness continues for a long time and is the most striking characteristic of the influenza. This muscular weakness is most marked in the lower extremities. We have under observation patients who have not entirely recovered from the attacks of one year ago.

There is fever which lasts about four days ordinarily. Its intensity bears no relation to the sufferings of the patient in uncomplicated cases. Its type is remittent, becoming intermittent at the close. Many patients in our locality have their good and bad days with the regularity of a tertian for weeks after they are able to leave their beds. We noted one case in which the vesperal rise of temperature was 105, the morning temperature being 102.5. Most of the cases never rose above 102.5.

The pulse was not greatly accelerated in the majority of the cases, but there were some cases in which the disease produced a remarkable impression. The skin is often covered with a universal blush



and the *tache cerebrale* is easily produced in the cases with intense pains in the head and neck.

A young man, 15, was seized with severe pains in the neck and back of his head. His pulse was 40 per minute for three days and his respiration 12 per minute, at the end of that time it rose to the normal and the patient recovered. A reliable professional brother told me he had seen similar cases and variations of 50 beats per minute in a few hours. Increased inhibition of the heart has been often observed by others.\*

In elderly persons the heart showed great weakness with cyanosis and sweatings and the tendency to death in all fatal cases was through the failure of the heart.

We have observed oedema of the ankles in some cases during a protracted convalescence, and excitable hearts with tumultuous action after exercise were common. There was anorexia in all cases, some nausea early, occasionally vomiting; not infrequently diarrhoea with severe abdominal pains ushered in the attack. This lasted twenty-four hours or more, when it was followed by the head and respiratory symptoms. In nearly all of these cases there was jaundice before the close of the attack.

No special symptoms involving the urinary organs were observed. One case had dysuria for two days.

We are informed that for several weeks horses have been showing symptoms, which the veterinarians call grippe.

\*NOTE—I have recently seen a man aged sixty, who up to the time of his seizures with influenza was robust. He had no bad habits, and had not been sick for years. He was taken sick three weeks ago. He suffered greatly from pains in the chest with oppressions in breathing. His temperature rose to 105°. There were no special cardiac symptoms. At the end of ten days he returned to his work, which he continued two days when he had a relapse.

The pain in the chest continued and he was in agony except when under opiates for two days, when the pain subsided—I then saw him. He was sweating, the skin cool, respiration easy, but his pulse was feeble, irregular, beating from 30 to 40 per minute. I have felt the same kind of pulses in the case of fatty heart. Did the heart muscles degenerate in this case as in infection fevers, or was the blow solely upon the vagus? Under the use of atropine ammonia and strychnia he improved. He subsequently became maniacal and violent. After a week he became quiet and is now improving.

The eyes are red, so also the mucous membranes of the nose, cough, fever, stiffness on movement, profuse sweatings are present. There are not in a few cases fatal lung complications.

Dr. Norman Gay invited me to see patients who were sick of grippe at the asylum for the feeble minded, near Columbus. There were coated tongues, on the teeth and lips sordes, and in all there was diarrhoea. One of the patients who left the institution when she became sick, died three weeks later and the case was reported to have been one of typhoid fever. I examined twenty patients during the visit with reference to eruption, iliac tenderness and enlarged spleen but found neither, although all these cases had been suffering from diarrhoea. I feel convinced there was no typhoid poisoning present. Dr. Gay made a curious observation. All the patients sick at the institution with grippe slept in rooms having an eastern or northern exposure. The rooms having a southern or western exposure, although they were occupied as dormitories in an epidemic of several weeks, furnished no cases. The same restriction as to locality of cases in the rooms having a similar exposure in the Central Asylum for the Insane is also reported.

To the east and north there is a wide extent of low ground, but it is well drained and cultivated, so that it seems impossible to attribute the localization of the cases to this circumstance.

Complications were common. Those involving the nervous system were most numerous. There was mild delirium in many cases. Mental confusion with gloomy anticipations were present in several cases. Instances are reported in which this state of affairs has resulted in suicide and confirmed insanity. Happily we have seen none of the latter cases.

In the epidemic at Lyons in 1665, many persons are said to have died insane.

Dr. A. B. Richardson assures me that he has recently seen cases of insanity, the sequelae of "grippe."

Muscular spasms are said by the authorities to have occurred in

other epidemics. My own feet and limbs were thus affected.

One of my patients, while convalescing, told me she was impelled to laugh and cry without cause.

We have seen croupous pneumonia in the middle aged, and broncho-pneumonia in the aged and in children. We have had two deaths from croupous pneumonia and three from broncho-pneumonia among the aged and have seen several in consultation who have died. They have perished from heart failure. Heart failure seemed to us to be the most common if not the sole cause of death in the fatal cases, the lung choking being secondary.

Jaundice has been observed as before mentioned.

Suppuration of the ear with perforation of the tympanum has occurred in two cases. Suppuration of the parotid gland in one case, herpes labialis has been a common affair, and in one case of herpes zoster has occurred. In not a few cases the pharyngeal symptoms have been severe with isolated white patches on the tonsils with much accompanying oedema.

We can report one case in which there was albuminuria which lasted many months after the influenza. Whether this was a sequel or not we are unable to say, the condition was not recognized till the patient was convalescing.

In two instances we have observed abortions which we think may be fairly attributed to the baleful influence of the grippe. As a sequel we have seen articular rheumatism three times.

We have seen several cases in which acute tuberculosis has followed grippe; whether it was latent at the time of the attack, we can not tell, as we had no opportunity to examine them previously.

Relapses are common and second and third attacks not infrequent. Such has been our personal experience with this disease.

#### TREATMENT.

When the pain is severe at the outset of the disease we give morphine and atropine hypodermatically in doses sufficient to relieve the pain, or, full doses of Dover's powder by the mouth.

To children we give small doses of veratrum or aconite and morphine. In less severe cases we give phenacetine, especially when the fever is active. Antipyrine and acetanilid we abandoned early, because of their depressing action on the heart. Last year we saw a physician with hydro-thorax and general dropsy following grippe which was hastened to a fatal termination we believe by the excessive use of antipyrine.

For respiratory trouble, carbonate of ammonia in full doses combined with strychnine has been our favorite treatment, later in the disease for the residual bronchitis we give terebine, apomorphia and cocillana. For the debility and overpowering sense of weakness we have found nothing which has seemed to relieve the patient as much as strong wines or whiskey.

Later arsenic, zinc and iron with cod liver oil seemed to be of service. We derived no apparent benefit from quinine even when the patients have their alternate good and bad days.

Topical measures were used as demanded for throat and lungs with hot poultices and hot water bottles to relieve local distress.

Milk, eggs, custards, soups, are demanded throughout the disease.

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CLINIC FOR DISEASES OF CHILDREN, HURLBUT DISPENSARY, WESTERN RESERVE UNIVERSITY, COR. ERIE AND ST. CLAIR STS., JUNE 14, 1891.

BY DR. S. W. KELLEY.

#### CASE I. RICKETS.

Jas. K., 1 year, Polish. Case kindly referred by Dr. D. S. Hanson on account of poverty. This child was brought because of a "bulging in his back," as our interpreter says, and because he "cannot sit up straight." We will have the little fellow undressed so as to get a good look at him. How does the whole picture



strike you? The biggest part of him is head, isn't it? The next biggest part is belly, while the limbs are comparatively small even for an infant, and thin and flabby; and the chest small and flattened in at the sides.

Now notice the spine as he sits there, how it bows out backward, especially in the dorsal region, being quite curved posteriorly. Let him lie on his back on the table, it becomes quite straight; raise him to the sitting posture, it bulges out backward again. Observe the fontanelles; you can feel the anterior one open as large as half the size of your palm while the sagittal suture is open back to the posterior fontanelle, which is also open. Compare it with the skull of this other baby, which is only four months old. The anterior fontanelle is not larger than the end of your thumb, the sagittal suture is barely traceable and the posterior fontanelle is not to be found.

What is in this big belly? Percuss it. Quite tympanitic; no dullness. Its size is not due to enlargement of the liver or mesenteric glands, nor to ascitic fluid, nor to tumor. It is gas in the intestines. Now we recognize this condition as what? As rickets; as a peculiar state of malnutrition, evidenced by the delayed development of the skeleton especially, and also of the muscular system. We will inquire how this child has been fed.

It has been nursed at night, but in the daytime its mother, who is a poor widow, is obliged to leave it to the care of neighbors, to be fed haphazard by paps and cracker soups, if fed at all, while she goes out to work. Fermentation, other than digestion of this improper food, gives rise to gases, which the weak muscular coats of the intestines are unable to expel, but allow to remain, to distend the abdomen, bulge out the short ribs, impede the action of the diaphragm and interfere with the respiration and oxidation of the blood, which is made of this improperly changed food.

Various theories have from time to time been advanced as to the cause of rickets. It has been blamed by some directly to starchy food and by others to lactic acid; but probably these only act by

deranging digestion. So far as we can see, faulty digestion because of improper food is the greatest factor in causing the trouble; then follow impure air, lack of sunlight and uncleanness. It is hard to determine the order of their importance.

Rickets has been attributed by some to syphilis, but there stands in the way of this theory the fact that in undoubted syphilis the first children of a family are most affected, while with rickets it is the later children, especially the youngest children of large families, which are most affected.

One of the marked features of rickets is the soft state of the bones and the thickened cartilages. While the constituents of bone in a healthy child might be about two parts of earthy salts to one part of animal matter, in rickets the relations may be almost reversed and show the chemical composition of bone to be two parts of the soft animal matter to one part of the firm earthy salts. On examination, the cartilages appear extra vascular and the microscope shows a proliferation of cartilage cells crowded into the matrix without histological order, and if they make bone it is only spongy and vascular, and very little calcified.

You say you do not find the lower end of the radius enlarged as in some cases of rickets I have shown you. Very true, and this is no exception to the rule that the evidence of rickets does not always appear in the same anatomical parts or alike in all parts of the skeleton. One case may show it in the skull and not in the long bones. Another may show curvature of the tibiae or enlargement of the radial epiphyses and nothing about the skull which would attract attention. A third may have a pigeon breast or the "rachitic rosary," beading of the ribs, as the only noticeable deformity. Why this is we cannot say. But the whole skeleton is doubtless somewhat affected as it is not by any means a local disease. It is a general disease. Those deformities which are due to weight and muscular action and atmospheric pressure are explainable. Why is not this child bow-legged or sabre-legged? Because he never learned to stand or walk. No weight was ever brought to bear

on the legs, or very likely they would bend. Why are not the forearms bowed outward like some we have seen? He never yet learned to creep, thus bringing weight to bear on the forearms. Why is the spine curved, why is that curve backward instead of forward or laterally? The spinal column of the foetus and young infant is without fixed curves. Though in its natural position with the thighs flexed the spine may appear convex posteriorly, if it be laid upon a level surface it assumes a straight line. In the sitting posture the greatest weight being anterior to the spine the action of gravity is to draw the top of the column downward and forward, thus rendering it convex posteriorly. The greatest convexity is in that portion where the greatest weight finds the least resistance, which in this case, as usual, is in the lower dorsal or lumbar region.

This flattening of the side of the chest is due to atmospheric pressure. When the very convex diaphragm of the child contracts and descends, the firm ribs remaining fixed or raised by muscular action, air should rush in at the larynx to fill the vacuum thus formed. This diaphragmatic or abdominal type of breathing is, you know, most noticeable in childhood. But in a rickety child like this the ribs and cartilages are so soft and non-resisting that when the diaphragm attempts to form a vacuum the pressure of the air crushes in the chest walls, most of course where they are weakest, in the region of the costal cartilages. The sternum being stiffer is left standing out like a "pigeon's breast." Is it strange that rickety children often have atelectasis and are very frequently subject to bronchitis and broncho-pneumonia, which is very serious with them?

Now what shall we do for him? First let us stop increasing the deformity. The simplest and best way to do that is to keep him in a horizontal position. The frame work is not strong enough to support itself in the vertical position, therefore put it into the horizontal position and keep it there till we accomplish the second part of the treatment, viz. : to alter the state of the nutrition and



secure sufficient increase of strength and firmness in the bones that compose the skeleton, the ligaments that bind them together and the muscles that maintain them in position as well as move them, to enable the structure to maintain the vertical position without yielding unduly in any part.

Some would perhaps advise that we apply to such a case a plaster jacket, a felt jacket, or a woven wire, or leather, or gutta percha, or steel spring or some other kind of a jacket, splint or supporting apparatus. I want to say a few words on that point because every little while some one sends a case of rickets or of lateral curvature here with the suggestion that it ought to have a plaster jacket put on. What is the object and effect of a plaster jacket or other stiff dressing? Partly to correct deformity, partly to enable the patient to support the trunk upright, but its especial purpose and effect is to maintain inflamed tissues in an immovable position—to “put them at rest,” so that the inflammation may subside and healing take place. But there is no inflammation here. This is not a case of caries of the spine—of inflammatory softening, sometimes called Potts’ kyphosis or angular curvature. This spine lacks the earthy constituents of bone and the cartilages are spongy and the ligaments and muscles are lax and weak. But it is not in the spine alone. The condition is general. Now where deformity is caused by weight, what would be the advantage of adding more weight?

A plaster jacket, in order to support the spine upright, takes its base of support upon the pelvis. So does the spine. It is in that way that pelvic deformities are sometimes caused. If you enable the child to take the upright position, even though you hold the spine straight, you favor the formation of curves in the pelvis and in the lower extremities, and the weight of the apparatus actually serves to increase the trouble. It not only does that, but by immobilizing the trunk it prevents the exercise and development of the muscles of the back which we want to favor. But it may be urged that by depriving the child of locomotion we deprive him of exercise



of the muscles of the lower extremities. Not at all. He can kick and roll about all he likes so long as he does not get up. We are only dodging the effect of gravity on the long way of his skeleton. We will encourage him to assume different horizontal positions—on the back, on either side, and prone. Take notice, there is an advantage in the prone position in correcting this posterior curve. We will favor the circulation and nutrition of these muscles by massage of the back and extremities, and last, not by any means least, this belly. We will direct a good hand-rubbing for half an hour morning and evening, and while they're rubbing we will have some cod liver oil rubbed in. It will make a good lubricator and a first-class food. He must be bathed at least once every day before the rubbing. This rubbing must be begun gradually and gently, and increased up to half an hour. We will direct to have him fed on cow's milk when his mother cannot nurse him and we will watch how it agrees with him, and correct his digestion as necessary. Perhaps his mother's milk after she has been away all day hard at work does not agree with him. We must watch that.

## CASE II. PHIMOSIS.

Howard H., aged two years. For several months his mother has noticed his very frequent micturition, and that he is continually handling and pulling at the prepuce. Examination shows a condition of phimosis. Circumcision was advised and performed, Keyes' modification being employed; the skin and mucus membrane being incised upon the dorsum of the glans up nearly to the corona after the circular incision has removed the redundancy of the prepuce. A small rubber band at the root of the penis renders the operation bloodless. The sutures being of fine cat-gut, instead of silk, obviates the necessity of removing them after union. After experimenting with various dressings for circumcision, I have settled down upon carbolized oil applied freely upon absorbent cotton, wound round and round the penis, leaving an opening for

urination. Enough cotton is used to cause the penis to stand upright, as this lessens the edema which is apt to come on, and the cotton is saturated with the carbolized oil, so that urine flows over without wetting the dressing. The parents objected to anaesthesia, so the operation was made without any. If an anaesthetic had been given, I should have taken advantage of the opportunity to sound for stone, which may be the cause of the irritation referred to the end of the penis. If the boy is not relieved by the removal of the phimosis, we will search for trouble in the bladder.

### CASE III. UMBILICAL HERNIA.

R. K., female, aged 18 months, presents an enlargement the size of a pigeon's egg at the umbilicus. This is tympanitic on percussion, feels quite elastic, grows tense when the child cries and can be readily made to disappear with a slight gurgle into the abdominal cavity by a little pressure with the thumb and finger. The opening by which it comes and goes through the abdominal wall can be easily felt. On removing the finger the tumor immediately reappears. This is an umbilical hernia and is due to faulty development of the abdominal wall. Early in foetal life the abdomen is open, but as development proceeds the walls gradually converge from the sides until they meet and join in the middle line. The point where the vessels pass to communicate between the foetus and mother is the umbilicus and is the last to be closed. Sometimes at birth and for a long time after birth they have not yet closed, except by skin, fascia and peritoneum; there may be an escape of a knuckle of intestine or a piece of the omentum. This latter is rare because the omentum is but little developed in infancy. Sometimes, although there may be a small opening or a weak point in the abdominal wall, no viscus escapes until some extra pressure is incurred, such as repeated crying, straining at stool, as in tenesmus or constipation, or coughing. For the same reason there is a relation between obstructions to the flow of urine, such as

phimosis or calculus and hernia. There is seldom any trouble arises from umbilical hernia in infancy. It is very rare to meet one incarcerated or strangulated. They slip back with the same facility with which they slip out. There is a tendency for the trouble to get well of itself by the process of development, as is evidenced by its frequency in infancy and its scarcity in older children. But nature repairs the breach much more quickly and easily by a little aid. Besides, I believe that some umbilical herniae cause pain or uneasy feeling to the child.

We will make a little truss for this case in a few minutes. It consists of a flat cork larger than the opening, covered with oil-silk, held in position with adhesive straps. In the absence of a flat cork, a flat pill box covered the same way or with parchment does well. This must be worn for weeks or months, the strapping being renewed as needed and watch being kept lest the skin beneath the pad become foul or excoriated.

#### CASE IV. ARTHRITIS.

Otto U., 11 years. This boy first came to the clinic in the latter part of January last. He stated that since the previous Spring, or for about nine months, he had been troubled with pain in his right knee. We found it swollen, tender, warmer than its mate, slightly reddened. The enlargement was greatest over the inner side of the joint. No history of injury. Motion was limited. Full extension lacked twenty degrees. Full flexion thirty degrees and motion caused pain. However, he had been limping around with it.

We diagnosed subacute arthritis and enjoined complete rest for the joint. We ordered him crutches and applied a hinge splint to the back of the joint, securing it to the leg with adhesive straps. The splint has a screw and ratchet contrivance at the hinge to fix it at any angle. As the boy returned once in a week or two, we gradually extended the leg upon the thigh but never allowed him to use it. We also used counter irritants on the joint from time to



time, using for the most part liniment of iodine, which he could safely apply himself when not seen for long intervals. As the leg extended, we had a lift put on the shoe of the sound side to enable him to swing the lame leg clear of the ground in walking. To-day on removing the bandage and splint you see the swelling about the knee is very much reduced. There still remains a thickness. The tenderness to pressure is all gone, the leg can be fully extended and almost fully flexed. We make passive motion for a few minutes and reapply the splint. We will not trust it yet without fixed dressing. It needs more rest.

#### CASE V. RHEUMATISM.

David M., 8 years. By referring to the record it is seen that he first was brought to clinic April 18, '91. Thin, sallow, sunken-eyed, trembling with weakness. His father said he had been sick three or four weeks, that he could not eat, had pains in all his limbs, that his heart beat violently and that he was short of breath. His temperature was 101 in the axilla, his pulse was so rapid and intermitting that it could not be counted with any accuracy. His metacarpal and metatarsal joints were swollen and tender. They were said to have been worse and the knees also had been swollen and painful. Examination of the heart revealed dullness on percussion increased downward and to the left. The apex beat was perceptible not only to touch but to sight over a space nearly the size of the palm of your hand in the fifth and sixth spaces. There was doubtless fluid in the pericardial sac. The heart's action was most labored and violent, and on auscultation it was scarcely possible to distinguish the sounds, they were so confused and so masked by a loud rushing murmur. It was decided that the murmur was mitral regurgitant, being synchronous with the first sound and loudest at the apex.

This case well illustrates one peculiarity of rheumatism in children. The wonder is that the boy can walk about at all. He



has not at any time been confined to bed. An adult with a heart crippled as badly as that could not walk about and would be gasping for breath and fainting if he tried. If he had been sick as long as this boy has, his lower extremities at least would be oedematous—distended with dropsical fluid.

But children may have an attack of rheumatism with peri or endo-carditis and serious valvular lesions, without taking to bed or appearing sufficiently ill to cause alarm to the parents. You remember the case of a ten-year-old girl who was presented here but a week or two ago, in which nothing was complained of but a general weakness and shortness of breath on running up stairs or other similar exertion, and an indisposition to exercise. Examination revealed a mitral regurgitant murmur, and inquiry elicited the fact that eight months previously there had been a time when for several weeks the child had complained of what were diagnosticated by the old women of the neighborhood as "growing pains." After the pains were better, she had trouble with a nervousness of her hands, involuntary twitching of muscles of her face. Now those "growing pains" marked an attack of rheumatism, followed, as is so frequently the case, with an attack of chorea, as I took occasion to point out at the time. One has seen before now an attack of rheumatism with indefinite pains, no marked joint symptoms and general malaise, treated as "malarial fever" or "typho malarial"—whatever that is.

Well, we gave David at first a mixture containing sod. salicyl. and potas. citr. of each gr. ij and liq. amm. acet and syr. simp. of each  $\mathfrak{z}$ i at a dose, three times a day, until the pains and fever left him. Then discontinued the sod. salicyl. and gave potas. iod. instead. He still improved, although slowly, owing to depraved general health and poor food and hygiene at home. I offered to get him into a hospital, the father referred the matter to the child for his opinion and the child shook his head. That decided it; he was not to go. We have been struggling along with tonics, quinine, iron

and strychnia since, making gradual improvements. The heart sounds are clearing somewhat, but the heart is permanently crippled. You will all recognize the murmur without any difficulty.

#### CASES VI AND VII. VACCINATION.

Here are two children brought to be vaccinated. Two of you may get out your new scalpels and try them.

First we will inquire whether the children are or have recently been sick. If they have lately had scarlet fever or measles, or show skin eruptions or inflammation of lymphatic glands, we will decline to vaccinate them, lest the vaccine in a depraved system aggravate the exciting trouble or incite an inflammatory outbreak. We would then probably be blamed for using impure lymph and transmitting blood diseases, whereas it is the best bovine virus that can be procured.

Mary B., aged two years, seems quite well. Proceed in the usual way. You can best control the arm by grasping it from the under side. Encircling it with fingers and thumb, you can put the skin a little on the stretch, about the insertion of the deltoid, and abrade the surface about a third of an inch square. Give yourself room to make two such spots an inch or two apart. Merely scrape off the epithelium with the edge of the knife held nearly flat. If you have not a knife you can do it with the edge of the ivory vaccine point. It is better if it does not bleed, but when serous fluid oozes, you may know the absorbents are exposed. We have tried all the ways of vaccinating, puncturing and then introducing the virus, either a portion of scab or fluid lymph, scratching or scoring the arm, scarifying by short parallel cuts, or by scratches crossed by others. This is done with the point of a bistoury or lancet, or with a little notched instrument of steel called a scarifier, made for the purpose. There is also an instrument about the size of a pocket match safe, on the principle of a spring lancet, but armed with a hollow needle, which, on touching the spring, deposits a small bit

of scab or portion of lymph under the skin; or the skin may be vesicated with liquor ammonia, the cuticle removed and the virus applied. But this simple abrasion seems to be just as sure to "take" as any and has the merit of not hurting or frightening the children. We have had babies drop asleep during the process.

Pauline A. is 14 months old. She shows a clean skin but has whooping-cough and large umbilical hernia. The hernia is of course greatly aggravated by the cough. Shall we afflict her also with a sore arm? or is it contra-indicated? On the contrary, there are those who claim that vaccinia mitigates whooping-cough, and propose it as a remedy. While not having much faith in this assertion, especially in the permanency for more than a few days of the relief given, we will give it a trial. It would be very nice if the theory would work—if this vaccination, while protecting from small pox, which we know it does, would also cure the whooping-cough, which in turn would relieve the hernia. We will not wait for that happy chain of effects but apply a little truss to the hernia as we did in the previous case.

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### STRANGULATED HERNIA.\*

DUDLEY P. ALLEN, M. D., CLEVELAND, O., VISITING SURGEON TO  
LAKESIDE HOSPITAL AND CHARITY HOSPITAL.

A malady so commonly met as that of stangulated hernia would seem to deserve little attention at the hands of this society. It is, however, for the purpose of causing, if possible, a discussion that I have selected this subject.

In a considerable experience in caring for cases of stangulated hernia, it has been my fortune to succeed in reducing very few without operation. This is because I have seen but a single case in which taxis had not already been tried. In a few other cases, taxis had been attempted without an anaesthetic, but in most of

\*Read before the Ohio State Medical Society.

them with an anaesthetic. Most of the cases which I have seen have been strangulated at least 24 to 36 hours; many of them longer and some up to five days. It is for this reason that taxis has been unsuccessful in my hands, and for this reason also, that in many, taxis has been omitted as dangerous and the operation of herniotomy undertaken at once.

I have had the misfortune to lose by death 5 cases. One of these cases was almost moribund when placed upon the table. A second was of an old and feeble man, in whom strangulation had existed for a considerable time, and he died apparently from exhaustion a few days after operation. Three cases died in from three to four days after operation with signs of perforation. These three were operated at night, under unfavorable circumstances. In one of the three, post-mortem examination showed death to have been from perforation. Although in the other two cases no post-mortem was held, the symptoms were so characteristic that I think there can be no doubt that perforation took place.

Since all the cases I have seen have been those in which I have been called in consultation, it has interested me to obtain the views of the various physicians whom I have met as to the treatment of strangulated hernia. A common expression which I have encountered has been that the case in question was the first in which the physician had ever failed to secure a reduction of the hernia, so that I am convinced that the commonly existing opinion among the profession is that strangulated hernia is usually, if not universally, subject to reduction. As a result of this commonly existing belief, I have been at times surprised to find the long time allowed to elapse before definite and positive measures for the reduction of the hernia have been undertaken.

A noted French surgeon has said that in hernia there are two indications for treatment. The first is to reduce at once the hernia, and failing in this, to perform herniotomy. The practical question with us to decide is what effort shall be made to reduce hernia



before an operation is resorted to, and how long these efforts shall be continued.

What efforts then, shall be made to reduce hernia before resorting to operation. I find that the almost universal opinion is that hypodermic injections of morphine are of the greatest service. Some men believe in injecting a fourth grain of morphine close to the seat of strangulation. Others inject the same amount without any reference to location. Some in an adult man, would inject at once an entire grain of morphine, and if this were not sufficient to allay entirely all spasmodic pain, the dose would be repeated in the course of one hour. As applications to the hernia, it is the practice of some to use warmth; others place upon the hernia an ice bag. So high an authority as Sir James Paget, of London, strongly recommends that in cases of strangulation, before an attempt at reduction is made by taxis, the patient should be placed in a warm bath for a sufficient time to relieve all spasm. All believe in placing the patient in bed and allowing him to rest after these methods have been employed, until pain shall have ceased and the muscles become relaxed, then taxis is applied, by some in the dorsal position, with the pelvis raised, and the knees flexed; by others, with the patient in the knee chest position. Doubtless these methods all have their value in certain cases, but there are cases to which they are not applicable, or rather, in which it would be improper to lose time for them to be tried. Cases of strangulation which have already existed for a considerable time, and in which the evidences of serious strangulation are beyond question, should not be subject to the danger of delay involved in the employment of the measures already mentioned, but should be operated at once, for the reason that by the delay, a gut already damaged may, by the loss of time, receive irreparable injury. In cases, however, where the surgeon is called early and where the seriousness of the symptoms of severe strangulation are not excessive, it is doubtless proper to employ the methods mentioned.

How long, then, shall these methods be tried? To say in a given case how long it is possible that the strangulation may exist without serious damage to the gut is impossible. There are, however, certain rules which it seems to me may be followed with a considerable degree of safety.

In the length of time which can be taken for a paper of this sort, it is evidently impossible to discuss in detail all the differences which may occur in various cases, but we may in a word state what would generally be safe. In cases which have existed but a few hours, unless the violence of pain, vomiting and depression is great, it is improbable that there would be serious damage to a gut inside of from six to twelve hours; and six to twelve hours are certainly sufficient, and more than sufficient in most cases, for an attempt at the reduction of a hernia. At the end of this time if the hernia has not gone back, as I am told it does in many cases under morphine and rest, then taxis should be attempted. This should not be too violent. If taxis does not succeed without an anaesthetic, it is my belief that an anaesthetic should be given and taxis attempted again. If then reduction does not result, herniotomy should be performed at once.

Though this is a safe line of treatment, it is not the line which personally I should prefer, or consider wisest. It seems to me that the sooner a strangulated hernia is reduced, the better the chances of the patient. My own preference would be immediately upon being called to a hernia carefully to attempt reduction by taxis without an anaesthetic; failing at this, I should prepare at once for herniotomy, anaesthetize the patient, and attempt reduction. If reduction should fail, without further delay (having secured the consent of the patient to operation before administering the anaesthetic and attempting taxis) I should proceed at once to operation.

It seems to me that the position which abdominal surgery occupies to-day, while it may not warrant one inexperienced in this

department of surgery to proceed in so radical a method as one accustomed to the operation of laparotomy, it is my belief that one experienced in this department will do far more for patients by radical methods than by any other. The dangers of herniotomy are extremely small—far less, I believe, in experienced hands than the dangers of delay.

The old method of operating upon hernia, and reducing the gut without opening the sac of the hernia, is no longer necessary, and we may now cut down, open a sac, examine the intestine and return it without fear of sepsis. By so doing we avoid in a great degree the dangers of serious injury to the walls of the intestine produced by long delay, and I am fully convinced that the dangers from perforation caused by delay are vastly greater than the dangers of herniotomy. Almost the only cases which have given me difficulty have been those in which the gut has been strangulated for a long time, and in some of these it has been extremely difficult to decide whether to return the gut to the abdomen or to form an artificial anus. In those cases in which my operations have been followed by perforation, the surface of the gut has appeared to be as good or better than in some of the cases which have recovered, and it is for this reason that it has been returned to the abdomen. In the case which was examined after death it was found that the seat of perforation was where the gut had been pressed upon by the ring. I think beyond question this is a point which, as a rule, is most subject to damage, and it is a point which should be examined in all operations. The cases of which I speak, in which perforation took place, were all operated at night with poor light and under circumstances where it was almost impossible to examine the gut carefully, and where had it been found to be impaired, a resection and suture of the gut would have been impossible. The only alternative remaining in these cases was to return the gut or to perform an artificial anus. The circumstances of the patients were such that death would have been almost preferable to the latter alternative, and since the surface of



the gut looked sufficiently healthy to permit of reduction, the gut was not pulled down to examine the portion constricted by the ring, since it seemed, all things considered, preferable to take the risks of the reduction of the gut.

If, however, as I have suggested, physicians universally were prompter to act in cases of strangulated hernia, and would not delay radical treatment for so long a time, I believe the cases which would not recover are extremely rare.

There is another reason for a radical treatment in a case of strangulated hernia. When the hernia is reduced by taxis, the condition remains unaltered; at any time the intestine may descend and strangulation be renewed. If an operation is performed, the radical cure of hernia can be added to herniotomy with large chances of permanent relief of the patient. It has been my practice in every herniotomy which I have performed, to add to it the radical cure, and the success which I have met has been most encouraging.

At the present time I am unable to give an exact statement of the condition of the patients on whom the radical operations for hernia have been performed, but I have followed enough of my cases—and the worst cases—to satisfy me that the radical cure for hernia, if well done, is a successful operation in a large majority of cases. Perhaps some members of this body may remember a case of radical cure of hernia which I presented to this society three years ago at Columbus,—a man whose inguinal ring was so large as to permit the invagination of the scrotum with insertion of the wide open hand into the inguinal ring as high as the umbilicus. This man ever since the operation, which took place seven years ago, has been a puddler in an iron foundry and I can imagine no severer strain to which the operation for hernia can ever be placed than in this case. The hernia was of a size rarely exceeded; the ring was the largest I have ever seen. The labor which the patient has performed since the operation is of the severest sort. He has



never worn a truss a day and the operated side has remained absolutely intact.

I know there is a vast difference of opinion as to the result of the radical operation of hernia, but I strongly suspect that the results depend largely upon the methods employed in operation. That method which has served any man well is one in which he is liable to believe, and for that reason I have come to employ and rely upon a method which closes the abdominal ring by granulation. But quite as important as the method of closure I find to be the fact that when the open method is used the patient is or should be kept in bed for a considerable time, until the cicatrix has become thoroughly solid, and as a rule, I have kept my patients in bed from five to six weeks after operation.

In the radical cure, both in cases which have been strangulated and those which have not, I have employed the various methods which have attracted the special attention of surgeons, but it has seemed to me that the essentials of the operation are that the sack should be drawn well down before it is divided from the peritoneum, in order, as much as possible, to obliterate the depression above the hernia, that the peritoneum should be thoroughly loosened around the sack so that when the walls of the aperture are drawn together they may have a broad surface for adhesion. The method which I prefer for closing the rings is to pass through the rings interrupted sutures of silver wire. Over the ends of these sutures are slipped spirals of silver wire, and shot are pushed down above the spiral and the pillars of the hernia are thus drawn into apposition. The length of the spiral is from one to one and one-half inches, according to the depth of the incision and the amount of adipose tissue of the patient, the object being that when the sutures are to be removed, it can easily be accomplished by simply cutting off the shot, removing the spiral, seizing the extremity of the wire suture, which by this method stands up plainly in sight, and removing it. Formerly, for this purpose, I used the interrupted silk suture, but the difficulties of its removal

are much greater than with the silver, so that the wound is sometimes kept open longer than is necessary, whereas, with the silver the suture can be removed at the discretion of the operator. My plan is to withdraw these sutures in about three weeks after the operation, and during the whole history of the wound, simply to hold it open by packing it with iodoform gauze. I do not know that this method is better—perhaps even so good, as that of McBurney of New York, but it is essentially the method which I have employed for seven years and has served me in such good stead that I am loath to abandon it.

To summarize, then, what seems a wise treatment of hernia, I would say that in case of hernia, it is safe to attempt reduction by the use of opium and other aids for strangulation which has existed during six and perhaps twelve hours. That to delay this beyond this time subjects the patient to risks greater than those of herniotomy. For those thoroughly conversant with abdominal surgery, it seems to me that even this delay is unwise and my preference would be, after having failed at reduction by moderate taxis without an anaesthetic, to administer at once an anaesthetic and make a gentle attempt at reduction; failing at this, to proceed at once with herniotomy, and to couple with the reduction of the intestine the operation for radical cure.

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### INTUBATION OF THE LARYNX.\*

BY CARL H. VON KLEIN, A. M., M. D., CLEVELAND, OHIO.

The duties to which physicians are assigned, are not simply to practice medicine by a method which is laid down in text-books, or demonstrated by colleges, professors or eminent authors. Nay, it is also his duty to investigate every issue of the past as well as of the present, and try to improve on their methods to suit each individual case, regardless of fear of friends and patient.

\*Delivered before the Union Medical Association of North-eastern Ohio, at Canton, Aug. 11, 1891.

The most peculiar thing in the practice of medicine, which I regret to mention, is that it has modes and styles; they come and go, and it is not confined to the uneducated, but many of our best cultured physicians are victims thereto.

Intubation of the larynx is not a new method which many suppose it to be, though it is said to have been practiced centuries back, yet we have no later history on this subject than thus given by Dessault in 1801.

It was again revived in 1854 by Dr. Horace Greene of New York, but neither of those men have explained intelligently enough to be followed, especially the later being doubted for various reasons in professional conduct. In 1858 M. Bouchut of Paris, a man of high culture and standing, appeared before the Academy of Medicine and exhibited his various cylindrical tubes to be placed in the larynx and advocated against tracheotomy. The opposition and stand made against him by Trousseau, the leading laryngologist of the world at that time, in such an antagonistic manner, that the committee appointed by the Academy to investigate the utility of Bouchut's procedure, reported it to be impracticable and worthless.

The matter laid dormant from 1858 to 1880, a period of twenty-two years, when Dr. O'Dwyer, with his non-pretentive ingenious dexterity, knowing nothing of the prior devices and methods of Dessault, Greene and Bouchut, proposed to intubate in the Foundling Asylum of New York, which he did with a recovery of one patient. His experiments, however, were done with a long catheter, introduced through the nostril, which gave relief to the little sufferer, but the difficulty was that the patient could reach it with his hand and would pull it out. To overcome this he suggested a short one with a swell shoulder at the head of the tube so as to allow the shoulder to rest on the ventricular bands and the glottis to close over the opening of the tube.

By his various experiments with different lengths and shaped tubes, swells, etc., he made his tube so perfect that it leaves but little space for improvement.



Dr. Waxham of Chicago, who probably has made more intubations than O'Dwyer himself, has long experimented upon a new tube with a covered top so as to make a false glottis in order to cover the tube during the time when food or drink is taken. This, however, he accomplished satisfactorily to himself but unfortunately without utility to myself and to many operators of my personal acquaintance. I have tried it in three different cases but regret that I was compelled to fall back on O'Dwyer's tube, but whatever tube there has been or may be devised, it has attested that intubation proved to relieve membranous stenosis of the larynx promptly and effectually. At first the operation was very discouraging. Dr. Brush, who first brought to notice before the profession O'Dwyer's method, reported eight cases and all fatal. Then came Dr. O'Dwyer reporting one hundred and thirty-four intubations with only twenty-six recoveries; Dr. Waxham with one hundred cases and twenty-six recoveries. Again Dr. Waxham reported one hundred and fifty cases with one hundred cases of O'Dwyer's, a total of two hundred and fifty cases with sixty-eight recoveries, making the per cent. of recovery 27.20; and the 1,072 cases of intubation collected by Dr. Waxham in various parts of the United States showed two hundred and eighty-seven recoveries, or 26.77 per cent., thus making but very little difference in the per cent. of recovery between intubation and tracheotomy according to the reports of Dr. Stern at the International Congress at Washington. His report was taken from Bourdillat, which gave the recovery in tracheotomy 26.40 per cent. Until 1888 intubation shows but very little life-saving in preference to tracheotomy.

In 1869 Dr. Waxham again reported sixty cases with twenty-eight recoveries, or 46.66 per cent. In one year the operation made such progress and became so well known, and the profession so well educated to early tubage, that Waxham's recoveries were 75 per cent. greater than in his previous report.

Since 1889 various additional reports have been published (from



one to ten cases) in the Medical Journals, reporting many total recoveries. Some had intubated two and three cases, all recovered; some as high as 90 per cent., and some as low as 10 per cent.; others totally fatal; adding all together shows about 36 per cent.

From 1888 until now I have noted 2,204 cases (including one hundred and thirty-one of my own) with seven hundred and twelve recoveries, or 32.30 per cent. In the one hundred and thirty-one cases of intubation that I performed, I have the pleasure to report sixty-three recoveries, or 48.9 per cent. This shows the largest per cent. of recovery in the United States by one person with more than ten cases.

I will admit that I have performed twenty-three intubations which I think that the patients in all probabilities would have recovered without the operation, yet I have performed on twenty-nine cases where tracheotomy would have answered a better purpose, but owing to the usual objection raised by the parents to tracheotomy I was compelled to perform intubation, or allow the little sufferer to die without aim of relief. In thirty-eight cases of membranous croup I have intubated, I had but one death. This ought not to have occurred, but as the operation was performed at a distance and the attending physician entirely inexperienced with intubation, he allowed the case to strangle with loose membrane packing itself in the tube. He even had not sufficient judgment to notify me of the condition, which could have been changed and the life of the child saved had the tube been removed and allowed the larynx to throw off the membrane after it has loosened itself on the fourth day; accordingly, it died from strangulation the fifth day.

If there exists specific treatment in any branch of medical science, I believe tubage in croup is one; but in laryngeal diphtheria I believe many lives have been and will be lost on account of waiting too long and then resorting to intubation where tracheotomy ought to be performed. Again, I believe that the small per cent. of recovery reported by O'Dwyer, Waxham and others until

1888, is due to the cases being allowed to go on until too late for intubation and it being performed when tracheotomy would have saved a larger per cent.

I wish it to be understood that the fault lies not with the operator, but with the attending physician.

In 1886, when I first began to perform intubation, I had no better result than O'Dwyer, Waxham and others until 1888. I soon learned that intubation is only a remedy in milder and early cases of dyspnœa, and not to wait until the pseudomembrane becomes too low extended, and too large to pass through the opening of the tube. In such cases intubation is useless and tracheotomy is the only remedy; therefore the low per cent. of recovery in intubation is due to the late introduction of the tube, or in other words, intubation is uselessly performed where tracheotomy may be effectually performed. In such cases tracheotomy will show a recovery according to Drs. Bourdillat, Jacobi and others 26.40 per cent. I attribute my large per cent. of recovery to the courtesy of the high-cultured and broad-minded physicians of Southern Ohio, my former home, whom I have tried and succeeded in educating to early intubation. In many cases I have been summoned to consult where intubation was never performed, but symptoms have induced their diligence to have me on hand for early intubation in case it was necessary.

I believe that many more cases could be performed and many more lives could be saved, if all the humbug and delusion attached to the operation would be done away with; that is, the useless exhibition of instruments to patients, parents and bystanders; to do away with the savage-looking and unnecessary gag; to dispense with the thread, which is absolutely unnecessary. The index finger will guide the tube to its proper channel.

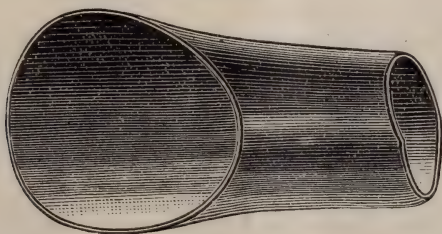
I experienced various difficulties in many operations before tubage was allowed. I have had many cases where the attending physician expostulated for quite a time before he was permitted to summon me to perform the operation. Many have backed out

after my arrival, at the preparing and viewing the instruments. Others even at the moment when the gag was placed in the mouth and the tube to be inserted, declared they would rather see it die than tortured.

I have since learned to dispense with the exhibition of instruments and preparing them in the presence of patients and bystanders, and to do away with the gag, with the thread and with all other unnecessary paraphernalia which makes it appear as though it was a critical and capital operation, shocking the feelings of all those present who imagine that in all probabilities the patient will die before the operator is through with it, while in reality they are not hurt, but will be relieved from strangulation and breath gasping in a few seconds, even though it be but temporary.

My mode of operation is this: After placing the patient in proper position, (which should never be done by parents if it can be avoided,) I place the introducer with the tube already attached in the sleeve of my right arm. My instruments are always ready and in an aseptic condition. As I decide on the size of the tube, I turn to some corner or into an adjoining apartment, screw the tube onto

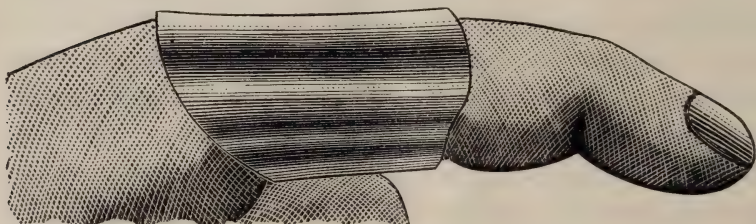
FIGURE I.



the carrier and place it in my sleeve; then I beg the little patient with kindness to open its mouth or to show me its tongue, patting it with my left hand on the right cheek and having my left index finger in readiness to introduce just as soon as it consents to my request. I hurriedly introduce my left index finger, having upon it an intubating thimble of my own design which acts as a gag.

I perform with the finger two functions; the thimble on the first joint from the metacarpus as a gag, and with the two other joints to elevate the glottis and guide the tube as shown in figure 2.

FIGURE 2.



The thimble is made of coin silver, or it may be made of other material, such as aluminum, etc., and heavy enough to prevent bending it together with the teeth. When the tube is inserted in the larynx, I pull the finger out and leave the thimble between the teeth, which the patient soon lets fall.

Gentlemen, if you will permit me, I will call your attention to another matter which stands in the way of early intubation and which retards many a parent's consent to the operation and induces them to believe it to be of a capital nature; that is, the exorbitant fees for tubage.

Parents of ordinary circumstances are very apt to be backward in consenting to place themselves under heavy expenditure unless they see the child critical, and when it is critical and parents are willing to give up all their possessions in order to save their little ones, it is then too late.

I wish to impress on you that I claim intubation is an operation, if an operation I may call it, no more than the fitting of a uterine pessary.

Experience must teach you the size of the tube.

The knowledge of the anatomy of the larynx is a matter of course; if one knows not that much he deserves not the name physician, and ought not to practice medicine in any of its branches; he is a dangerous man in a community.



I coincide with Waxham when he says that the operation requires a certain amount of dexterity in order to become an expert in that particular branch, and that the operation should be performed by one or two persons in a certain locality or in a radius of so many miles; but I do not believe in the indolent writings that intubation is one of the great capital operations of the world. I am surprised that men like O'Dwyer, Waxham and their like make such assertions. Intubation is no more surgery than the proper fitting of an umbilical truss.

It is laughable that those who claim to be specialists in surgery make a claim on intubation as part of their specialty. Nay, they make that claim from a dishonest motive only. The large and uncalled-for remuneration is the height of their ambitious surgery. If it belongs to a specialty at all it belongs to a laryngologist, who has dexterity and rapidity in handling throat instruments. The hand which is trained to perform the slow operation of laparotomy or divide the sphincter ani has not the dexterity and rapidity that is necessary to intubate.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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TWO DOLLARS PER ANNUM IN ADVANCE.

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VOL. VI. begins with November, 1890. Subscriptions can begin at any time.

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All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the second week of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### THE ALUMNI ASSOCIATION AND COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF WOOSTER UNIVERSITY.

The annual meeting of the Alumni Association was held in the college amphitheater, Wednesday, July 29, at 2:30 p. m. The meeting was called to order by President Dr. Erwin; the minutes of the previous meeting were read by the Secretary, Dr. C. E. Cotton.

In the course of his address, the President dwelt on the necessity of everyone entering the profession to study well themselves and their proposed field of work. He had consulted statistics and found that after ten years only 15 per cent. remained in the practice of medicine. He said: "The cause of this great waste of time may

be found to emanate from many sources—the ill-timed promptings of a parent or a friend; the love of some expected pleasure which their fancies seek; and the surface of things scarcely pointed out, leaving the broad and deeper principles that bind the universe into a grand harmonious whole to later research, which, when once found out, diverts their labors into more congenial ways."

He spoke of the influence the profession necessarily leaves upon the intellect and morals of the public; of the importance of a broad education. He congratulated the alumni on having an alma mater that was in the fore front of advanced medical education.

The election of officers for the ensuing year was as follows:

President, DR. A. S. METZLER, Class of '68.

1st Vice President, DR. HIRAM NYE, Class of '66.

2nd " " DR. W. E. THOMPSON, Class of '87.

3rd " " DR. H. W. POWERS, Class of '86.

4th " " DR. CHAS. F. TERRILL, Class of '90.

Secretary, DR. G. W. CRILE.

Treasurer, DR. W. F. BROKAW.

The committee appointed to draft resolutions on the death of Dr. Frank Weed, reported the following:

*Whereas*, Prof. Frank J. Weed, an honored member of this association, has during the past year been removed from our number by death, and

*Whereas*, his untimely death has deprived us of a kind and generous friend, a trusted counsellor, and a faithful worker,

*Be it resolved*, that those manly and generous qualities which characterized his life are still fresh in our memories, and his ambition, perseverance and ability as a devoted member of the medical profession are most worthy our emulation.

*Be it further resolved*, that we extend our united sympathy to the family of Prof. Weed and that these resolutions be spread upon the minutes of the association and a copy be sent to the bereaved family.

Signed,

W. S. HOUGH,

G. W. CRILE,

W. E. THOMPSON,

Committee.

The association was then entertained by an address by the orator of the occasion, Dr. H. T. Clapp.

At this point the incoming president, before assuming his duties, made a short address.

Dr. Hough was introduced and said that the institution of which he was an alumnus was to be congratulated on their thorough work. He gave the recent graduates some wholesome advice.

Dr. Hiram Nye, who was next introduced, made a strong plea for high ideals in the professional man. He referred to the high sense of honor and faithfulness necessary to success in medicine. Others were called upon and indulged in reminiscences of college days. The presence of a number of alumni from the '60's and '70's was a gratifying evidence of the esteem the old practitioner has for the institution that gave him professional birth. The meeting was well attended, the amphitheater being comfortably filled by enthusiastic members.

#### COMMENCEMENT EXERCISES.

Unity church was crowded and many turned away from its doors on the occasion of the 29th annual commencement of the University of Wooster.

Dr. B. B. Brashear presided over the exercises, which were opened with an organ voluntary, followed by prayer.

In his address of welcome, Dr. Albert R. Baker congratulated the class on being the first to graduate since the adoption of the four years, graded course of study, including the preliminary examination. He referred to the contrast in the requirements for graduation to-day as compared with but a few years ago. The doctor described the thorough and systematic course now adopted in the Medical Department of Wooster.

He said: "My object in calling your attention to this subject to-night has not been only to point out the advantage to the student and the public, but also to emphasize the greater demands that are made upon the teachers of medicine. \* \* \*



"Drugs and chemicals must be purchased, new laboratories must be provided, new apparatus bought, increased hospital facilities are required. Much has been accomplished all along these lines by the Medical Department of Wooster University.

"Hundreds of dollars have during the past year been invested in further equipping the laboratories and the various departments.

"The recent arrangement by which the vast mine of clinical material in the city hospital can be utilized for clinical teaching, cannot but add to the already established fame of Cleveland as a medical educational center."

Dr. F. C. Taylor, valedictorian of the class, alluded to certain great discoveries in medicine, after briefly reviewing the history of medicine from the time "when the work of caring for suffering humanity was considered too holy for any but priestly hands and the sacred duties of the gods were combined with the no less sacred duty to man."

He referred to the introduction of ligature, the discovery of anaesthetics and the causal relation of certain micro-organisms to disease.

He spoke of the life of the late Dean, Dr. Weed, as an example of the highest professional honor and integrity, whose life though short in years, was long and well rounded in good deeds. He referred to Dr. Weed's interest and kindness to the student and the young practitioner and commended the example of his life to the class of '91.

After the valedictory came the address of the evening, delivered by Rev. Dr. Geo. Thos. Dowling, formerly of this city. The address was a practical, common sense talk upon the success of the profession of the physician. It was punctuated with wit and humor and elicited great applause.

"I want to congratulate these young men," said Dr. Dowling, "because they have selected some one line of work. In the selection you have accomplished much. The man who is most to be envied is the one who has fixed upon his life-work. The question

of fame is a subsidiary one. The man who is in love with his work has attained happiness. Happiness consists first of all in the assurance that a man has within himself a knowledge of his fitness for the work he has undertaken and after that he must have conquest. Every man is designed for something, and so long as he will follow his natural bent he will be happy. There are some things a man cannot do, and the sooner he finds that out, the better it will be for him. I was delighted when I heard that four years is now given to the study of medicine in this institution. This world is full of purposeless people; people who may be industrious, but speed and industry is not always progress. The development of a man's inclination must be watched in deciding what his life work shall be. The ordinary man is the play of circumstances. The extraordinary seems to be the master of circumstances. Not so. The extraordinary man has discovered the eternal fitness of things. What is life if most of it is luck and the rest of it applied reason? One of the great temptations of a professional man is the temptation of thinking he knows all things. Let me advise you, gentlemen, to keep your own counsel. Know your own limitations. You may think that your profession is not so pleasant as some others, but remember that you see the inside of your own profession and only the pleasing exterior of others. Put your minds upon one feature of your work and conquer it. There is always room at the top. You are going forth to save the world from its ills, and God speed you."

Following this address the degrees were conferred by President Scovel of Wooster University.

"This diploma," he said, "means a great amount of labor. It means an immense amount of confidence bestowed upon you. It is noble to remember that you hold a diploma as evidence of work done. It is a key which will unlock many doors. How many men must toil a long time for what you have already achieved. This, then, is the platform which the diploma itself constructs. You are not to stand waiting, but ready to work.

Your work is the secret of success. Let me ask you to be cheerful. The cheerful physician brings good cheer with him. Be sympathetic; there is no need to be cruel. Let me also beg you to be thoroughly christian. Treat every subject as though you were treating an immortal soul. You will then be more careful and your notions will be grander. Take as your model the great Physician of souls."

The musical part of the programme was rendered by the well-known vocalists, Mrs. S. C. Ford, Mrs. Hoynes and the Arions.

After the exercises,

#### THE ANNUAL BANQUET OF THE FACULTY

to the graduating class and alumni was given at the Hollenden. About 150 gathered around the festal board to do honor by song and speech to their alma mater. Dr. Rosenwasser, of the faculty, presided and called on Rev. Dr. Scovel to respond to the toast "The University."

Dr. Scovel was firm in his conviction that the medical department had a splendid future. He congratulated the faculty upon their part in the institution's success.

He gave way to Dr. Brashear, who spoke upon the "Medical Faculty." He referred to the high standard required by the faculty, and that this standard alone was the guide to the conferring of the degree of Doctor of Medicine, personal feeling having no place in determining the success or failure of the student.

Dr. W. T. Fitzgerald replied to the toast, "The Alumni."

Other speakers were Dr. Bunts, Dr. Dutton, Dr. Crile and Dr. Paul.

Following is the list of graduates:

Milton H. Christie, George H. Dobson, Carlos S. Fenton, Gustave R. Feil, Wm. T. Fitzgerald, Mathew A. Gill, Nelson D. Haskell, Mary E. Johnston, William Langley, William E. Lower, William S. Maxwell, Frank W. McManus, H. McAnall Mealy, Wilber L. McQuillet, Robert C. J. Meyer, Harry A. Rich-

ter, Franklin M. Seibert, John J. E. Sheehy, Adolph Steiner, Frederick Clinton Taylor, Stephen Townsend, Albert E. Unger, Henry H. Waugh, Edward Repasz Wiser, Floyd E. Woodhouse.

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### IMPORTANT TO MEDICAL STUDENTS.

Several medical colleges are advertising to graduate students at the end of the coming winter term upon the attendance of *two courses of lectures*. Medical students should be informed that graduates of such schools will not be entitled to practice medicine in more than half the states of the Union, representing over forty million inhabitants.

The State Examining Boards throughout the country have given sufficient notice of what would be required of medical colleges and all reputable schools have adopted the three year graded course of study, but several so-called medical colleges throughout the country thinking to profit by the increased time of study required by most medical schools, are soliciting patronage by offering to graduate *one more* class at the end of the second course of lectures. We believe it to be the duty of the medical journals to warn students against all such institutions and decline to insert advertisements of these schools. This will be our policy. We had hoped to publish a list of all schools not coming up to the requirements of the various states boards of health, but have failed to secure the complete list for this number of the GAZETTE.

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### PERISCOPE.

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TREATMENT OF PLACENTA PRAEVIA. PROF. TH. WYDER. ADDRESS AT THE THIRTY-NINTH MEETING OF THE "AERZTLICHE CENTRALVEREIN" IN ZURICH. A REVIEW.

Wyder rejects the method much in use by practitioners of tamponade of the vagina with following internal version and extraction



of the child and recommends in its place the method of Braxton Hicks, which has been for a few years in vogue at the principal German clinics, under the lead of Schroder and Gusserow.

The principal disadvantages of the former method Wyder sets forth as :

1. Hemorrhage from the patulent uterine sinus is not certainly checked by the tamponade. Moreover, in case the waters have broken away, this procedure is absolutely contra-indicated on account of possible internal hemorrhage.

2. In the manipulations of this method there is always great danger of infection which even the most rigid observance of anti-septic precautions cannot always prevent.

3. In the effort to extract the child immediately after version injuries are often inflicted upon the lower uterine segment.

4. A farther difficulty is encountered in the profuse hemorrhage of the third stage of labor, and the manual extraction of the placenta with its attending results, rendered necessary by the bleeding.

5. An additional disadvantage of the tamponade is the enormous loss of time to the busy practitioner unavoidable on account of the extremely close attention necessary throughout the whole procedure.

Braxton Hicks' method overcomes all these disadvantages in that at the same time the farther separation of the placenta is hindered by the early discharge of the water; the hemorrhage attendant upon the maneuver is completely checked by the natural tamponade,—the breech of the child filling the whole pelvis and in an aseptic fashion.

In Schröder's words the procedure is "rupture the membranes and pull down the foot." Where the case is one of breech presentation this is very simple, but where we have a head or cross presentation it is necessary to turn for the sake of bringing down the foot and should the cervix be undilated, version must be accomplished by Braxton Hicks' method.

After turning and pulling down the foot, the expulsion of the child must be left as far as possible to natural forces. Only immediately impending danger to mother or child affords indication for extraction. Digital separation of the placenta must also be avoided as far as possible.

For carrying out the version in case the mouth of the womb be fully occupied by the placenta, Wyder recommends thrusting the finger through the placental tissue while with the other hand the presenting part is pressed against the finger. The hemorrhage following the injury to the placenta—though it comes principally from the placental circulation of the child—is insignificant. The principal objection made hitherto to this method is the great mortality to the child. Wyder justly offsets this by the relatively greater mortality to the mother under the older procedure. By the latter the mortality of mothers was 30-40%, while by combined version in Schröder's and Gusserow's clinics it was 6-7%.

The mortality of children under the older method amounted to 50-70% and of those who were born alive 30-40% perished from inanition. The statistics of the clinics mentioned show for the other method a mortality of 70-80% of the children.—(*p. 210* *Therapeutische Monatshefte*. J. P. S.

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## AMONG OUR EXCHANGES.

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CHARLES DUDLEY WARNER hit the nail on the head when he remarked, "The American wants to be at the head of the procession (as he fancies he is), where he can hear the band play, and be the first to see the fireworks of the new era. He thinks that he occupies an advanced station of observation from which his telescope can sweep the horizon for anything new. And with some reason he thinks so; for not seldom he takes up a foreign idea and tires of it before it is current elsewhere." The Koch tuberculin fad is still being discussed laboriously, ponderously, interminably

in Europe. We have tried it; the American profession has come to its conclusion; that conclusion is tersely expressed by PROFESSOR N. SENN, of Chicago, in the heading of his article, "Away with Koch's Lymph,"<sup>1</sup> read before the Chicago Medical Society, May 18th, in which he cites forty-three cases treated in Milwaukee hospital during January, February, March and April. Of these, two died, two were apparently cured, eleven showed more or less improvement, six no improvement, and twenty-two, more than 50 per cent., exhibited aggravation of all the symptoms during treatment. In conclusion he says, "I have given Koch's lymph a fair trial and have carefully observed its effects and have become firmly convinced both of the danger which attends its use and its *utter inutility in curing any form of tuberculosis*. To this the sober second thought of the American profession will say, Amen! Following close on the heels of the Koch fad, PROFESSOR ADAM-KEIWICZ,<sup>2</sup> of Cracow, claims to have discovered a remedy for *cancer*, which, exhibited internally and circulating in the blood and lymph, exerts a destructive action on the cancer germs, and causes an arrest of the metastatic process. Discreetly, however, he keeps the remedy secret. We might get hold of it and try it. A still larger modicum of discretion might have enabled him to keep secret what he was going to do until he was dead sure he had done it. The dangers attending the careless use of antipyretics of the *phenol group* to which we have alluded on more than one occasion, are brought to the fore by a case of extreme albuminuria consequent upon full doses of antipyrine at night. An ataxic patient of DR. E. L. TOMPKINS<sup>3</sup> was taking large doses of antipyrine at night, often as high as 60 grains, in order to relieve the lightning pains, which it always did. He developed considerable œdema of the extremities and puffiness under the lower eyelids, and the urine was so loaded with albumen that it became

1. Weekly Medical Review, July 25, 1891.

2. International Jour. Surgery, June, 1891.

3. Va. Medical Monthly, May, 1891.

almost solid on boiling. It was noted, however, that there was little or no albumen in the urine passed in the latter part of the day. This prompted the discontinuance of the antipyrine, when the albumen also ceased to appear in the urine, and the œdema became very much less. This observation will doubtless serve to explain the unsatisfactory results that have attended the use of this class of antipyretics in febrile diseases, where kidney complications are prone to arise. *Salol* is likewise getting its death-list. We have had occasion to remark that a drug which was expected to be split into salicylic acid and phenol by the pancreatic secretion was an uncertain quantity. More or less of it might be split according as the pancreatic secretion was more or less abundant or active, and unless the dose was kept below that amount which would produce a toxic dose of phenol in case it were all split, there might be trouble. DRS. AUFRECHT and BEHM have reported a death following its use in endocarditis and DR. CHAPLOWSKI has also reported in a Bohemian medical journal, a case where a fifteen grain dose ordered to quiet a severe gastric disturbance was followed promptly by a fatal result.<sup>1</sup> This leads to the suggestion that upon the label of every bottle of *salol* it should be stated how much phenol results from the splitting up of each grain of the drug.

The *painless parturition* fad is being discussed to some extent, especially as a Chicago female M. D., (who probably never had a baby herself,) has got out a book giving infallible rules by which the foetal bones can be kept soft and the labor made easy. DR. E. SMITH, of Oxford, Kan.,<sup>2</sup> relates a case in his practice where the woman was *booked* to have a foetus with soft bones and yielding cranium, for she had followed directions and abstained from bone-forming food. She *lost all her own teeth* during gestation, but the foetus had united cranial sutures and had to be delivered with forceps. He recommends exercise sensibly taken, a cheerful mental condition, and special advice as necessary, but

1. Lancet.

2. Med. World, July 1891.



always examine the urine after the sixth month. DR. CHAS. E. PAGE, of Boston, Mass.,<sup>1</sup> reports good results from a diet consisting chiefly of fruits, (especially the sub-acid kind) and vegetables plainly served, interdicting the use of pies, pastry, cake, tea, and coffee; a good degree of exercise, an air bath for a few minutes on rising and retiring, a cold sitz bath of 10 to 30 minutes on rising, great moderation in sexual indulgence, treating the "morning sickness" as an ordinary indigestion. Per contra, a lady in Jacksonville, Fla., writes,<sup>2</sup> "I gave the fruit diet a thorough trial in the hopes of finding it painless, but I must say that I do not see that it made any difference in regard to the labor, although my general health was good. But the poor baby! From the time he was six months old until he cut his last tooth \* \* there were days of fretfulness and restless, wakeful nights. Every tooth had to be lanced. \* \* \* He is now at the age of seven a slender, nervous, fretful child, while his two little brothers, not fruit diet boys, are sturdy and serene." The conclusion of the whole matter is, that when a woman is in the best physical trim, she is in the best condition to have as painless a labor as *she* can have. Any physician who has had a fairly large experience knows that it isn't the size of the fœtus, nor yet the degree of ossification that constitutes the chief element in difficult labors. Many a woman has her hardest labor with her smallest child. If the mother is so fed that the child can get what it needs without drawing on the teeth, bones, and nervous and muscular systems of the former; if she exercises sufficiently to keep herself and the fœtus from becoming obese and her muscles from becoming flabby and inadequate to the exertion of labor, we need have but little worry. In cases where it was indicated, the writer has fed the mother on chalk and ground bone with most excellent results as compared with other pregnancies of the same woman. But when it comes to parturition being made *painless*,

1. Med. World, July 1891.

2. Babyhood.

there is no such thing in nature and anæsthesia is the only measure that can be depended upon to bring that about.

For years DR. J. J. WOOLEN has been using<sup>1</sup> copious draughts of hot water conjoined with injection of the same as a remedy in *cholera morbus*. He finds that so promptly does it relieve the pain that in many cases he can even dispense with the usual hypodermic of morphine. If the first draught is vomited, he repeats it at once and finds that the second is usually retained. He suggests this use of hot water as likely to be of great benefit to Asiatic cholera. The spasms of *tetanus*, ordinarily uncontrollable by sedatives, are stated by DR. R. F. LICORISH,<sup>2</sup> of Barbados, West Indies, to become amenable to treatment after the patient has been freely purged, preferably by calomel followed by salines. After this has been done, full doses of belladonna will control the paroxysms, and this form of treatment gives a reasonable percentage of recoveries. The use of *iodine* hypodermatically in the treatment of tuberculosis by the Shirley-Gibbes method renders the following formula by DR. A. O. SQUIER,<sup>3</sup> of Springfield, Mass., of interest:

R

Eucalyptol pure	mxij
Guaiacol, pure	mxvj
Iodoform,	grs. viij
Iodine,	grs. iv
Ol. Amygdal. dulc. (sterilized)	q. s. ad fd ʒj

S. For hypodermic use; mx to xxx daily or alternately with gold and sodium as desired. This solution is said to be painless while the ordinary iodine solution is quite painful. DR. MUELLER, of Australia, treats *spider* and *snake bites* by the hypodermic use of nitrate of strychnia.<sup>4</sup> He gives from 1-24 to 1-12 of a grain, repeating every 10 to 20 minutes as the symptoms

1. Med. Record.

2. Med Rec., July 25, 1891.

3. Med. News, July 25, 1891.

4. Med. Age, July 25, 1891.

are more or less threatening, continuing till the independent action of the strychnia becomes evident by slight muscular spasms. He claims that no hesitation need be felt in pushing its use to a degree that would be fatal in the absence of snake or spider poison. It is preferable to inject in the neighborhood of the bitten part. A ready and effective remedy for *insect stings* is reported by DR. WM. H. TERRY, of Bristol, Conn.<sup>1</sup> It is to apply at once cloths saturated with fresh urine to the sting. He has used the remedy fifty years with unvarying success when promptly applied. He attributes the effect to the urea, and cites the old remedy for snake bite, viz. : To cut the snake into short pieces, split the pieces open, and apply them in succession to the wound, as corroborative, for the contents of the snake's intestine consist chiefly of a crude urea. A recovery from drowning is reported by DR. E. J. HARVEY,<sup>2</sup> where, after a submersion of about four minutes, respiration re-established itself after the patient had been laid on his back in a boat, his shoulders supported by the thwart, his arms extended beside the head as in the Sylvester method, and his head unsupported falling back and touching the bottom of the boat some five inches below the thwart. The water ran out of his mouth and nostrils, the flow being increased by lifting his shoulders still higher and allowing the head to fall still further back. When the flow stopped the patient began to gasp, his shoulders were replaced on the thwart and breathing became gradually re-established without resort to the Sylvester method of artificial respiration. This case would seem to indicate that the elevation of the shoulders and dropping back of the head are of full more importance than the alternate raising and compression of the ribs.

1. Progress, July 1891.

2. Brooklyn Med. Journal, July 1891.

## NEW BOOKS.

For sale by P. W. Garfield, Cleveland, Ohio.

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**MATERIA MEDICA AND THERAPEUTICS.** By John V. Shoemaker, A. M., M. D. Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Etc., Etc. F. A. Davis, Medical Publisher and Bookseller, 1231 Filbert Street, Philadelphia.

This is the long-looked-for second volume of Shoemaker's *Materia Medica, Pharmacology and Therapeutics*. It is wholly taken up with the consideration of drugs, each remedy being studied from three points of view, viz.: The preparations, or *materia medica*; the physiology and toxicology, or pharmacology; and lastly, its therapy. It is thoroughly abreast of the progress of therapeutic science, and is really an indispensable book to every student and practitioner of medicine.

The work is especially valuable because it gives the latest investigation with regard to the physiological action of drugs, especially the new remedies, such as acetanilide, antipyrin, bromoform, exalgine, pyoctanin, pyridine, somnal, spermine (Brown-Sequard), tuberculine, (Koch's lymph), sulphonal, thiol, urethan, etc.

It is also valuable because it fully recognizes the work done in this department by American physicians. It is an epitome of the present state of American medical practice, which is universally acknowledged to be the best practice.

**TEXT BOOK ON MEDICAL JURISPRUDENCE AND TOXICOLOGY.** By John J. Reese, M. D. Third Edition, P. Blakiston, Son & Co., Philadelphia, 1891.

It is pleasant to note the increased interest manifested in forensic medicine by the profession, and the call for the third edition of this excellent little work within two years shows that it has filled a place not hitherto occupied. No physician ought to practice medicine a day without a work upon medical jurisprudence in his



library, as questions presenting a medico-legal aspect are almost of daily occurrence. Many students are unable to secure any of the extended works of five or six volumes on this subject, but Dr. Reese's work is within the reach of all. The matter is condensed and yet contains all the essentials pertaining to the subject. As a text-book and in most cases as a book of reference it is to be preferred to the larger works.

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## NOTES AND COMMENTS.

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*Foetid Breath.*—This may arise from decaying teeth, or it may come from some stomach difficulty, as impaired digestion; lung troubles may cause it. In any event, thorough cleansing of the teeth and a camphorated dentifrice is by many thought more useful than other varieties. The following formulae are commended by various authors as to the several sources of the trouble. The active materials for disinfecting being one of the following articles: Carbolic acid, chlorine water, potassium permanganate, thymol, salicylic acid, camphor, borax.

1. Camphor water; water, equal parts; use as a mouth wash.
2. Thymol, 10 grains; alcohol, 1 ounce; borax, 30 grains; water, 19 ounces.
3. Potassium permanganate, 8 grains; water, 8 ounces.
4. Chlorine water, 1 ounce; glycerine, 2 fluid ounces; water, 14 ounces.
5. Salicylic acid, 120 grains; glycerine, 2 fluid ounces; water, 6 ounces.
6. Borax, 240 grains; water, 1 pint.
7. Chlorinated lime, 120 grains; sodium carbonate, 160 grains; water, 6 ounces; alcohol, 2 ounces; rose water, 12 ounces. Dissolve the sodium carbonate in 2 ounces of the water, rub the chlorinated lime to a paste with water, adding in all 4 ounces, mix in a twelve ounce bottle, adding the alcohol. After the reaction, separate the clear solution and add to the rose water.
8. Salicylic acid, sodium bi-carbonate, saccharine, each 60 grains; alcohol, water, each 4 fluid ounces; oils of peppermint, 5 drops. Of this solution, use two teaspoonfuls to a wine glass of hot water, and use as a gargle twice daily.—*Pharm. Rec.*

*Treatment of Alopecia Areata.*—At a recent meeting of the *Societe de Dermatologie, et Syphilographie* in Paris, Dr. Noty presented patients and described a new treatment for alopecia areata, for which he claims superior advantages. This consists in the

intra-dermic injection of corrosive sublimate, two to five hundred. The injections are made around each plaque, each injection being of five to six drops only. Aqueous solutions have been found best and no nodes follow when water is used as a vehicle. The results are said to be very satisfactory and the re-growth of hair to be more rapid than after other modes of treatment.—*Journal of Cutaneous and Genito-Urinary Diseases.*

#### THE PNEUMOGASTRIC NERVE.

Upon an average, twice a week,  
 When anguish clouds my brow,  
 My good physician friend I seek  
 To know "what ails me now."  
 He taps me on the back and chest,  
 And scans my tongue for bile,  
 And lays an ear against my breast  
 And listens there awhile.  
 Then he is ready to admit  
 That all he can observe  
 Is something wrong inside, to-wit :  
 My pneumogastric nerve !

Now when these Latin names within  
 Dyspeptic hulks like mine  
 Go wrong, a fellow should begin  
 To draw what's called the line.  
 It seems, however, that this same,  
 Which in my hulk abounds,  
 Is not, despite its awful name,  
 So fatal as it sounds.  
 Yet, of all torments known to me,  
 I'll say without reserve  
 There is no torment like to thee,  
 Thou pneumogastric nerve !

This subtle, envious nerve appears  
 To be a patient foe,  
 It waited nearly forty years  
 Its chance to lay me low ;  
 Then like some blithering blast of hell,  
 It struck this guileless bard,  
 And in that evil hour, I fell  
 Prodigious far and hard.  
 Alas ! those things I dearly love  
 Pies, puddings and preserves,  
 Are sure to rouse the vengeance of  
 All pneumogastric nerves !

Oh, that I could remodel man !  
 I'd end these cruel pains  
 By hitting on a different plan  
 From that which now obtains.  
 The stomach, greatly amplified,  
 Anon should occupy,  
 The all of that domain inside  
 Where heart and lungs now lie.  
 But, first of all, I should depose  
 The diabolic curve  
 And author of my thousand woes,  
 The pneumogastric nerve !—*Exchange.*

*A Resurrection Bone.*—Throughout the middle ages it was believed that there existed in a man a bone imponderable, incorruptible, incombustible, the necessary nucleus of the resurrection body. Belief in the resurrection of the physical body, despite St. Paul's Epistle to the Corinthians, had been incorporated into the formula made many centuries after his time and called the Apostle's Creed, and was held throughout Christendom "always, everywhere, and by all." This hypothetical bone was therefore held in veneration, and many anatomists sought to discover it. Vesalius revealing so much else, did not find it, and was therefore suspected of a want of proper faith. He contented himself with saying that he left the question regarding the existence of such a bone to the theologians. He could not lie, he did not wish to fight the Inquisition, and thus he fell under suspicion. The strength of this theological point may be judged from the fact that no less eminent a surgeon than Riolan consulted the executioner, to find out whether when he burned a criminal, all the parts were consumed ; and only then was the answer received which fatally undermined this superstition. Still, in 1689, we find it lingering in France, creating an energetic opposition in the church to dissection. Even as late as the eighteenth century, Bernoulli having shown that the living human body constantly undergoes a series of changes, so that all its particles are renewed in a given number of years, so much ill-feeling was drawn upon him, especially from the theologians, who saw in this statement danger to the doctrine of the resurrection of the body, that for the sake of peace he struck out his argument on the subject from his collected works.—*Popular Science Monthly.*

"Can a hypnotized person be made to commit crime?" was very emphatically answered in the affirmative by Dr. Voison, of Paris, in a paper delivered before the British Association. He suggested to a subject under his influence to commit acts of incendiarism while hypnotically asleep, and there was obedience in each case. More than that, a woman was recently sentenced in Paris for a

succession of acts of robbery. It was ascertained that she had been habitually hypnotized, and, upon investigation, it was discovered that she had robbed under the suggestion of outside parties.—*Ex.*

*Biblical Medical Ethics.*—"Honor due the physician and why?" The book of Apocrypha, Ecclesiasticus, Chapter XXXVIII.

1. "Honor a physician with the honor due unto him, for the uses which ye may have of him, for the Lord hath created him.

3. "The skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration.

4. "The Lord hath created medicines out of the earth; and he that is wise will not abhor them.

12. "Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hath need of him.

13. "There is a time when in their hands there is good success.

15. "He that sinneth before his Maker, let him fall into the hands of the physician."

Medical men will recognize the above clipping, but fearing the laity might not read understandingly a short explanation is given. The books of Apocrypha are considered spurious scripture (Hermaphrodite) by Protestants. The book of Ecclesiasticus is supposed to have been written by Jesus, the son of Sirach, and is termed "the prologue of the wisdom of Jesus." This book was written about two hundred years before Christ. The Apocrypha is contained in many of the Protestant bibles. These sayings probably give a fair estimate of the medical man as held by the laity in those days. It is to be noted that he is called a physician and not "doc." The reason assigned for this honor, however, "The uses ye may have of him," will not bear close scrutiny from a moral standpoint; but it represents the spirit of the people of to-day.

The last clause of the first verse forever settles the vexed question of the origin of doctors, "for the Lord has created him." The skill of the physician then as now marked his success. He must possess ability in some direction or he cannot succeed. If he has merit, somebody will appreciate it whether it is in the line of our liking or not. The world appreciates success and extends a helping hand. "And in the sight of great men he shall be held in admiration." The fourth verse should be pondered by skeptics in medicine. It is not the part of wisdom to abhor medicines. The practitioner who as a rule fails to get results from the medicine he administers, should turn a searching gaze within himself and often he will discover the reason of his failure.

The twelfth verse no doubt means to set a plate for him at table for he is tired and hungry with his long ride or much labor and waiting, and to remember him on pay day. The second sentence, "God has created him," drives the truth of his origin home and clinches it.



"Let him not go from thee," do not put him out of mind; do not banish him from your thoughts, keep him in hailing distance, an unexpected event may occur at any time. The period of gestation is up and you had better speak to him in time. Do not let him go off on the train to Jerusalem or Damascus, but engage his time and pay him.

Verse thirteen says: "There is a time when in their hands there is good success." There were times when they were not successful. People would die. The physician would at one time be on Pisgah's mount and again in the slough of despond, a bad run of cases making him wish it was the other fellow's—his rival's—luck; wishing he had stuck to the farm or workshop; wondering if he had not missed his calling. But this will not do; he arouses himself from his despondency; at it again and good success crowns his efforts. In those days the physician blistered and bled, gave strong drastic cathartics and turpeth mineral, cauterized with the hot iron, using no anaesthetic. The physician was the go-between, middle men as it were, between the Creator and the other fellow, giving color to the mooted question of the physician's origin, for verse fifteen says: "He that sinneth before his Maker, let him fall into the hands of the physician."—*Canada Medical Record*.

*The Indiana State Medical Society*, by resolution, endorses the action of its medical schools in requiring of their students prior to graduation four years of medical study, and three courses of lectures of six months each. It also asks of the State authorities to refuse recognition to the diplomas of such schools as do not make an equivalent requirement. The State Board of Health is said to be in full sympathy with this action. Thus it would appear that Indiana is moving upward.—*American Lancet*.

*Obstetrical and Editorial Homologies*.—In his lecture before the American Academy of Medicine, Professor Parvin most deftly hit off certain aspects of the work of the editor of a medical periodical. It is rare that great learning and experience, both scientific and literary, are so happily joined with a touch so light and accurate; one almost fails to see the seriousness behind the banter and the smile. Interalia he said: "No man should attempt the duties of a medical editor unless he is a good obstetrician, especially as it relates to diagnosis of pregnancy and the care of premature and feeble infants. Let me remind you that Socrates, in Plato's *Theatetus*, states that he is the son of Phanaerete, a brave and burly midwife; that he practiced midwifery; that he attended men and not women; that he practiced on their souls when they were in labor; and lastly that his art had its triumph in thoroughly examining if the thought which the mind brought forth was a false idol or a true birth.

"Let me press the analogy a little further: The medical editor ought not only to differentiate between true and false pregnancy, but he should also be able to tell whether gestation has reached the normal term. Unfortunately, errors in diagnosis are very frequent. Pseudocyesis is not uncommon; tympanitic distention may be mistaken for pregnancy, and when the delivery takes place it is simply expulsion and explosion of gas. True brain babies may be born, but they are too feeble to live unless carefully cared for in an incubator by the editor; an article prematurely reporting a case alleged to be cured by an operation, may be kept by the editor until the cure is established; it may be written in execrable English, but the wise editor will put good clothes on the child before permitting it to appear in public. I am sure that we all meet every few weeks with papers appearing in reputable though probably not the best journals to which the criticism just made can be justly applied. I am sorry to say that medical editors are sometimes ignorant of the characteristics of a child born at term; they fail to recognize the average weight such a child should have, the degree of development and activity it should manifest and consequently present their readers with imperfect specimens of medical reproduction.

"It occasionally happens that a doctor without any reproductive power or endeavoring to produce offspring every few weeks, when his pregnancy ought to last several months, is compelled to evolve from his inner consciousness, without any conception having incurred, that which passes for a baby with some, but is purely artificial. Laying aside metaphor, cases which never occurred are sometimes reported in medical journals; some keen and experienced eye will discover the sham, while many suspect that the story is pure fiction. May the day come when all medical editors will be wise enough and brave enough to exclude from their literary museum all artificial curiosities.

"The medical editor may be engaged in procuring abortion. Thus there is a case of pure pregnancy, but gestation has by no means reached its term; the editor with few contributors and printers clamorous for copy extorts from his pregnant doctor the promise of an article long before he can properly prepare it. It may be a fee or friendship, or promise of influence, or something of like sort which is the abortifacient, but it does the work."  
—*Medical News*.

*The Kentucky State Board of Health* will only recognize the diplomas of such medical colleges as shall, after the session of 1891-1892, exact of matriculates and graduates a minimum of requirement not lower than that required by the American Medical College Association. Lively times will follow as only the Hospital College of Medicine in Kentucky comes up to this standard and the same is true of most the southern medical colleges.—*American Lancet*.

# THE Cleveland Medical Gazette.

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*VOL. VI.*

*SEPTEMBER, 1891.*

*No. 11.*

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## ORIGINAL ARTICLES.

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### SODIUM SALICYLATE.

J. G. SPENZER, M. D., CLEVELAND, O.

Like salicylic acid, sodium salicylate is liable to decomposition and impurities, and if anything more so. This is due to the employment of impure materials in its manufacture, or to the subsequent faulty keeping of the finished chemical; that the amount of impurity varies according to the proceeding is apparent. While a sample is often found excellent in quality, there is that lack of uniformity in this regard, even of the same manufacture, which a little careful study cannot fail to detect. This want of uniformity is particularly true of the domestic article.

The object of the present examination was primarily to ascertain the cause of this and the reason of the inferiority of the American article compared with the foreign.

Fifteen samples, five foreign and ten domestic, were subjected to the following tests originating from the pharmacopœial requirements. Appearance; color; stability; solubility; reaction; taste; per cent. of residue; sugar phenol; chlorides; sulphates; calcium compounds and foreign organic impurities.

Abridged, the pharmacopœial requirements are small white crystalline plates or a crystalline powder, permanent in the air,



odorless, having a sweetish saline and mildly alkaline taste and a feebly acid reaction. Soluble in 1.5 parts of water ; in six parts of alcohol at 15°C. Ignited it leaves an alkaline residue amounting to between 30-31% of the original weight.

Agitated with conc. sulphuric acid should not impart color in fifteen minutes.

Filtered solution of 1 grm. in a mixture of 50 cc. alcohol and 25 cc. water acidulated with nitric acid should yield no precipitate nor become turbid when tested with barium chloride (absence of sulphates) or by nitrate of silver, (*absence of chlorides*).

1. By means of a Coddington lens or microscope its structure can be determined.

2. Color is best distinguished by looking into a break in a mass. Grey and pink preparations are still found. If the white color has a grey or yellow shade Hager (Pharm. Praxis, vol. 3, p. 758) says it is due to an excess of soda ; while if it has a pink or red tint it is due to an excess of salicylic acid. Also that the red or pink coloration is noticed sooner when phenol is present.

3. Odor a, on opening a bottle closed for some time ; b, by heating some in a dry test tube by placing it in a water bath not boiling ; c, odor of the dry ether extract.

4. Stability. Although Allen (Commerc. Org. Anal. vol. 3, part 1, p. 57) says it is permanent in the air, he corrects the statement (Ibid 58) by saying it is liable to acquire color by keeping, especially if exposed to the air. This coloration is due, according to Hager (Pharm. Praxis, vol. 3, page 758) to the influence of the carbonic acid gas and ammonia in the air. Even when well kept in tightly stopped bottles it is difficult to keep it white for a time (Ibid p. 759). The stability of the samples was not looked into, as for comparison samples of each made about the same time would be the only criterion.

5. Solubility a, in water is variously stated.

In less than an equal weight Hager (Ibid 759).

In equal weight Rasenack (Dammers Lexikon p. 597).



In equal weight Schmidt (Pharm. Chem. vol. 2, p. 751).

In  $1\frac{1}{2}$  parts weight U. S. P. (1883, p. 301).

“ “ “ Allen (Commerc. Org. Analys. vol. 3, part 1, page 57).

In 6 parts alcohol, U. S. P. (1883, p. 30).

In 5-6 “ “ Hager (Pharm. Praxis, vol. 2, p. 537).

In 5-6 “ “ Rasenack (Dammers Lexikon, p. 597).

In 8 “ “ Allen (Commerc. Org. Analys. vol. 3, part 1, page 57).

6. Reaction. Neutral or slightly acid, use of blue and red litmus paper with the alcoholic and aqueous solutions or by placing some of the dry salt on the moist paper according to E. Geissler (Hager Pharm. Praxis, vol. 3, p 758).

7. Taste. Dry salt and solution.

8. Per cent. residue. Ignition of a weighed quantity in a platinum crucible to a constant weight Hager (Ibid) says it should yield not less than 30 nor over 32%.

Schmidt (Pharm. Chem. vol. 2. p. 750) nearly 31.3%.

Allen (Commerc. Org. Anal. vol. 3, part 1, p. 257) 30.31%.

U. S. P. (1883, p. 302) 30.31%.

In no case was it found as low as in any of the above. If sodium salicylate be considered hydrous as

Salicylic Acid .....	76.33
Sodium Oxide.....	18.34
Water .....	5.33

The theoretic amount would be 33.458% as

$\text{Na}_2\text{O}$	:	$\text{Na}_2\text{CO}_3$	::	$\text{Na}_2\text{O}$	:	$\text{Na}_2\text{CO}_3$	
62		106		18.34		X=31.35%	

If taken as anhydrous it would be 31.35%, as

Salicylic Acid.....	80.63
Sodium Oxide.....	19.57

$\text{Na}_2\text{O}$	:	$\text{Na}_2\text{CO}_3$	::	$\text{Na}_2\text{O}$	:	$\text{Na}_2\text{CO}_3$	
62		106		19.57		X=33.458%	

The writer thinks 33% of  $\text{Na}_2\text{CO}_3$  to be nearly correct in the neutral article.

9. Sugar a. Odor of burning sugar (caramel) on igniting ; b,

blackening when mixed with sulphuric acid ; c, reduction of Fehling's solution after boiling with dilute sulphuric acid. Some authorities state that pure sodium salicylate gives a reaction with Fehling's solution ; this is erroneous, however, for beyond a changing of the blue color to a green (characteristic of salicylic acid) it causes no reduction.

10. Phenol. Numerous methods were tried but as yet a chemical test is wanting which will distinguish with certainty a contamination of sodium salicylate with phenol. In support of this statement the following tests are given : a, extract slightly alkaline aqueous solution with stronger ether, evaporate the latter gives a greasy deposit if phenol is present. The greasiness of the deposit or its odor can only be used to detect it since sodium salicylate is soluble in from 200 to 250 parts ordinary and 500 parts of c. p. ether; the residue therefore would contain sufficient salicylic acid to hinder or obscure the chemical reaction for phenol, as will be seen later ; b, Rice's test, the official test of the pharmacopœia for detecting carbolic acid in salicylic acid is not reliable, as it gives a similar reaction for salicylic acid as it does for phenol ; c, Almen (Baudrimont Dictionnaire, 1883, 79 ; Proceedings Ohio State Pharm. Assoc. 1890, 79) proposes Lex's test, but the test gives with sodium salicylate free from phenol a light amber to a dark brown coloration which effectually masks the delicate pale blue on which the value of the test depends ; d, Dragendorff's modification of Jacquemin's test is also faulty, as it gives a blueish-green coloration with the pure salt. Dragendorff has not proposed it as a test for phenol in salicylic acid, but it was used as a substitute for one which Muter (Proceed. Ohio State Pharm. Assoc. 1890, p. 79 ; Allen Commenc. Org. Analys. vol. 3, part 1, p. 55), has suggested and with which it is practically identical ; e, solution of sodium salicylate poured upon the surface of a solution of potassium nitrite in sulphuric acid has proven unreliable as the latter produces a greenish-blue cast with water alone. With sodium salicylate a carmine red easily diffused line of demarcation was produced

in all the tubes, but no green coloration in any part of the test, the deep red would have concealed it had it existed ; f, sulphuric acid and sodium nitroprusside ; like phenol sodium salicylate gave a rose red line of demarcation in all cases, samples 1, 7, 8, 10, 12 and 13 gave a dirty, greenish-yellow lower margin to the line ; g, sodium salicylate dissolved in  $\frac{1}{2}$  dram of water, 7 drops ordinary nitric acid added and let stand for some hours, yellowness was caused in 1, 2, 3, 5, 6, 10 and 12, faintest yellow in 4, 7, 8, 9, 11, 13 and 15. On supersaturating with sodium hydroxide a deeper yellow was produced in all cases.

11. Chlorides. Treatment of the dilute alcoholic solution as directed in the Pharmacopœia with silver nitrate.

12. Sulphates. Treatment with barium chloride.

13. Calcium compounds. Treatment with ammonium oxalate.

14. Foreign organic matter. Agitated with conc. sulphuric acid should not impart color in 15 minutes. The production of a faint light amber or light amber should be allowed, otherwise the test is valueless as the best samples effect it that much under the conditions of the test.

Traces of calcium compounds, chlorides and sulphates were found in the American samples while they possessed more or less color, one sample was a light rose in color and unfit for use. It would seem reasonable to attribute the lack of permanency in the American article to an excess of alkali or its neutrality as in the manufacture, an excess of alkali is likely to cause coloration where if a slight excess of acid is present the preparation tends to be white and is more permanent. In the course of the examinations three corrections might be made in the pharmacopœial requirements. It should be soluble in less than or in an equal weight of water ; in from 5 to 6 parts of alcohol and both of the solutions to be colorless. It should leave very nearly 33% of residue on ignition to constant weight. The acquirement of only a faint amber coloration when agitated with conc. sulphuric acid.

## MALARIA.

CAN THE SPREAD OF ZYMOTIC DISEASES BE PREVENTED.

BY H. H. SPIERS, M. D., EDINBURG, O.

Malaria is defined: "A series of clinical pictures due to a specific poison."

Malaria is also indifferently applied to marsh miasm the supposed cause of intermittents.

The first use of the word is accepted and when speaking of causation, will designate by another term.

That there is a toxic principle all agree; that this principle resides in the soil is generally assumed; that the manner of extension is of a vegetable organism accords with the Germ Theory of disease.

What the specific poison is, its habitat and mode of propagation are questions not yet settled.

Scientists have vied with one another in the solution of these questions.

Chemistry and microscopy have thus far failed to determine them.

It is, as I trust, to a clearer apprehension of this subject that your time and patience is asked to-day.

While quite young my attention was called to the subject of malaria. By the side of a well at the old homestead in Atwater, O., in the country, there grew a large tree by name of Balm of Gilead. The well, about 20 feet in depth, was usually low except in Spring. The roots of this tree had penetrated the stone wall and hung as a tessellated curtain to the waters below. The water was clear, pure and cool. The environment was of the best, and no source of contamination without so far as is known. The water had been used for domestic purposes for at least ten consecutive years and no ill result observed. By one of those strange fatalities in nature the vital principle left that tree; in other words it died. The water once so wholesome, now became malarial.

I anticipate one or two questions: a. Are you sure the waters are malarial?



After the death of the tree, those of the household who drank the cool water—two in number—had malaria: A periodic chill, fever and sweat.

The treatment is: An active cathartic and large doses of sulph. of quinia. The attack in both cases is broken. Water is again drank and the disease again recurs. Not until the water is boiled or its use abandoned is treatment of permanent avail. I myself, as one of the household, disliked the taste of the water. The attention of others was called to it, but they could taste nothing wrong; to me it was loathsome. I am satisfied there is a difference in people in this regard. At any rate I did not drink the water and had no malaria.

b. How long after the death of the tree did the water remain pure?

Not knowing the date of the tree's demise I can not answer. Several weeks after the death was observed the malaria was contracted.

c. Did the water ever after continue to be malarial?

This again I can not answer. Soon after this the Atwater Coal Co. tapped the spring at its fountain-head and the well became dry.

Two questions arise in the investigator's mind:

1st. Did the living tree in its rapid growth absorb the toxic principle and thereby render the water pure?

2nd. Did the dead and decaying tree render the otherwise pure water malarial?

If the first question be answered, yes, Balm of Gilead has protective power in malarial districts. Let us examine the nature of this tree. We are told it is a plant of the terebinthine or turpentine family. Hartshorne says: "The Southern pine probably exerts a protective influence against malaria."

The Great Dismal swamp in Virginia is said to be free from malaria due to the rank growth of cypress. The Eucalyptus Globulus; a native tree of Australia has reputed power as an anti-

malaria. These trees on close examination show a family relationship. Pine and cypress are conifers. Pine yields tar and pitch; cypress wood is very durable, probably containing oil as does cedar; Balm of Gilead furnishes a balsam, and the Eucalyptus Globulus a volatile oil from the leaves, all in one way or another contain an aromatic and volatile principle.

That these trees afford protection from malaria I think there can be no reasonable doubt. Hundreds of swamps situated as the G. D. in Virginia—without its protective cypress—are noted hot-beds of malaria.

The Balm of Gilead then in my judgement rendered this water wholesome and pure; but in what way. It is generally thought that these trees act by drainage of the soil, i. e.; the tree absorbs the moisture. No such explanation is necessary in this case. Every one knows the soil near a well in which the water is 16 to 18 feet from the surface is perfectly dry. Evidently we must look for a more satisfactory explanation. Would it not be more rational and nearer correct to say the living plant affords immunity by absorbing or assimilating the malarial poison? That something of the kind is constantly going on in nature during the active period of plant growth, and that different plants have different inhibitory powers to me seems probable.

By observation I have found that malarial waters are not equally malarial at all seasons of the year. Different observers have shown that malaria prevails to greater or less extent at certain seasons; that early spring and fall in our climate are most fruitful. This is also the time when nature is taking up or laying down her work; *a time when the least real work is accomplished*. There is, therefore, seen a relation between the growth of the plant and absence of malaria and vice versa. But other factors enter and on this line no rigid rule can be laid down as will be seen further on.

We will now consider the second question: Did the dead or decaying tree render the otherwise pure water malarial?

During an 18 months residence in Minnesota as a student in

medicine, I saw but few cases of sickness that simulated malaria; no native intermittent. There were certain types of disease that seemed to have a periodicity in which quinia acted well.

The marshes were filled with vegetable debris and the people drank from them as we drink from springs. Is malaria caused by vegetable decay? On the other hand observers have pointed to facts that seem to establish vegetable decay as having a causative relation.

I herewith present the following isolated case in support of this view. Early in the summer called to see a case of malaria. The patient is one of the household of four; environment good. Several large trees are standing in the yard overlooking the house; mostly elm. The drinking water used is from a cistern; it has been cleaned recently and is now partly full. On examination the filter is found full of decaying leaves. One after another take disease and it is persistent to treatment. The filter is cleansed and refilled with charcoal and the water discontinued for a time. The disease succumbs at once; no recurrence. In this case where shall we seek the cause of malaria? Is it decaying vegetation?

In the development of malarial poison two factors are essential, continued heat and moisture. The third, decaying vegetation is in my judgement always present.

Again, if the Balm of Gilead absorbed the malarial poison while alive, being dead the action ceases and the water becomes malarial. There is no need to seek the poison in the decaying tree.

In our search for truth we are confronted by a maze of difficulties. Often the difficulties are more apparent than real.

If we look upon the toxic principle as a micro-organism the difficulties truly appear great. If we look upon the toxic principle as an essential factor of certain plant growth and plant decay the way seems clear. If the poison be an entity; if the plants take up this entity during growth, reason and analogy alike point to the following law: Conditions being alike, vegetation that absorbs malarial poison in growth, diffuse the same in decay.

We will now change our field of observation. Twelve years ago in Edinburg, O., there was a well about 20 feet in depth situated in an open field. It was dug to the shell-rock, walled up with small stones and hollowed out in the bottom so that it held about one barrel of water. The excess, if any, soon ran off through the broken rock. The spring was weak, but the water was soft and valued for culinary purposes. The water was of a pale green color and had suspicious appearance of pond water near by about ten feet lower. Two families used of this water; one for cooking only, the other for cooking and drinking. The family who used for drinking had malaria every spring, March or April, for three years. The other family had no such trouble. My cow pastured in an adjoining field. When the water in the little run became low I drew water from this well. The cow refused to drink. Thinking the water was too cold I placed a large kettle near and filled it, she still refused to drink. When other water was carried from a distance she drank readily. I thought under the circumstances it would be best to compel the cow to drink the well water. I did so. She was taken sick. Each morning for two or three days she had a chill that lasted one or two hours; no fever or sweat. The horns became cold, the animal shivered as if nearly freezing; she refused food and drink, the udder became indurated and the milk scanty. The treatment was salt and soft soap rubbed along the spine; internally, a pint of flax seed in mucilage and a few doses of sweet spirits of niter. In eight or ten days the cow was as well as ever. I was not certain as to the ailment. Again the cow was compelled to drink the water; again she had the same symptoms. My eyes were now open. Why experiment on the cow? For three days I drank one pint of water per day. A slight supra-orbital neuralgia appeared which yielded at once to a small dose of quinia. My experiments were at once cut short by the wall falling in. The well was then abandoned.

One point to note in the recital: Malarial poison though not



known by man, except in its effects, is recognized by the bovine. But how? Either by the special sense of taste or smell; in all probability by the sense of olfaction. What then is malarial poison? An ethereal principle soluble in water.

Another point: Malarial water is sterilized on boiling. Writers might tell us the boiling kills the germs.

Could it not be explained by the theory given?

In boiling the ethereal principle escapes.

Thus according to the theory, it will be seen there exists a close relationship between the toxic principle and exudation or sap of plants having a protective influence.

Is it true that during these years we have been seeking the specific poison where it is not?

Rigid chemical investigation is respectfully invited.

One other question. If malarial poison be an ethereal principle, soluble in water, and volatile, where, in what is its habitat?

I reply by observing its action on man. It is found only in water and moist vapor.

Nothing is more clearly shown than as the country becomes the city, malaria disappears. The under drainage carries the water and with it the malarial poison. The poison may be *in the soil* as elsewhere, but if there be drainage the water will carry it off.

To conclude: What the nature of the poison? Ethereal and soluble.

How evolved? Plant decay. How absorbed? Plant growth.

Where found? In water and moist vapor. How shall its action be prevented? By natural and artificial agencies as shown.

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#### A FEW CASES OF APEX CATARRH.

HOWARD S. STRAIGHT, A. M., M. D., VISITING PHYSICIAN TO ST. ALEXIS HOSPITAL AND ASSISTANT IN THROAT AND CHEST DEPARTMENT OF JOHN HUNTINGTON DISPENSARY.

J. R., aet 25 years, moulder, came to me in March, 1890, to be treated for catarrh. He told me that in the winter he had what

his doctor called asthma. His chest examination revealed nothing. He had a subacute laryngitis and a marked hypertrophic rhinitis. His pulse and temperature were not noted, as I did not suspect anything else in the case. I cauterized the nose and sprayed out the throat and gave him a cough mixture. Four days later I cauterized the other side of his nose. In ten days from the first visit he returned. He seemed to be suffering from more depression than anything first discovered in his case would explain. His temperature was 99° Fahr. and his pulse was 90. I could find nothing in his chest, except that I was suspicious of his left apex. I continued his throat and nose treatment and gave him creosote. In one week I re-examined him; his pulse and temperature still remained 90 and 99° Fahr. At that time I considered a temperature of 99° or 99.5° Fah. at night suspicious and since that I have taken the temperature in a large number of chest cases and have seen no reason to change my mind. His left apex was still suspicious; the treatment was continued. In a week he returned. The temperature and pulse remained the same. Chest examination revealed a slight catarrh at left apex and I told him that he would have to take his medicine for months. Within one week from the time he had a severe pulmonary hemorrhage. After this hemorrhage he at once developed a well-marked consolidation at the left apex and a temperature of 102 and a pulse of 120. For the next two months he had a hard time. His temperature and pulse slowly came down and the consolidation slowly cleared up. I kept watch of him for seven months. When he discontinued treatment he still had a slight catarrhal process at left apex and a slightly rapid pulse. Two weeks ago I saw this patient upon the street. He seemed in perfect health as far as his old apex catarrh is concerned. Three months after his hemorrhage he had an attack of asthma which lasted two weeks and was so severe that he could not work. This was the only attack he had while under my observation.

Case II. M. E., a German servant girl, aet 18 years. This patient was at St. Alexis Hospital. Upon admission she had a

pulse of 96 and an evening temperature of 100° Fahr. She was extremely nervous, had a poor appetite and was slightly anemic. Chest examination revealed next to nothing ; she had transference of heart sounds at both apices and subcrepitant rales at the right apex ; she was put upon creosote and improved, but within two weeks she had a hemorrhage from the lungs that lasted about a week. After this time she again improved and left the hospital. She took no medicine with her and after being away from the hospital she began feeling worse and returned. She was at once put upon her old treatment ; in a week she had a second hemorrhage. After this time she again improved rapidly but within three weeks she had an attack of asthma that lasted during the rest of my service—for two or three weeks. She suffered continually and was so bad that she could not sleep at night. She also still had an apex catarrh upon both sides and more marked than upon admission to the hospital, with tenderness upon percussion, rough breathing subcrepitant rales and transference of heart sounds at both apices but sibilant and sonorous rales all over the chest.

## REMARKS.

These cases were diagnosed very early. The first case for two weeks before anything could be found in his chest. They both had wise treatment—large doses of creosote—and yet, in spite of that they both had a pulmonary hemorrhage as stated. They both had spasmodic asthma during course of apex catarrh. These are the only cases of the kind that I have observed during a dispensary service of three and one-half years. I have reported them simply to call attention to the fact that spasmodic asthma can and does occur in people suffering from apex catarrh and to urge upon my professional friends the necessity of observation of the evening temperature if they would not overlook the condition of the apices. The apex catarrh, unless far advanced, is not easily detected and when obscured by the musical rales of spasmodic asthma may be overlooked by the “Very Elect.”

Case III. J. W., aet 25 years. A Welsh girl. An asthmatic for seven years. She had come to the U. S. in May, 1890, in hope of relief for asthma. First seen Sept. 20, 1890. She was suffering very much from asthma and her chest was a perfect music box. She had lost flesh markedly, was pale and anaemic and had a pulse of 108. Her temperature was 98.5; her chest examination revealed in addition to her asthma a well-marked catarrh at left apex and a small consolidation. I kept watch of this patient for seven months. She was a good patient and was always on hand. She had a rapid pulse nearly all the course of treatment, but the pulse slowly improved in character. She never had much fever, but at times would have a temperature of 99.5. This is the rule in well advanced cases of apex catarrh, that they do not have as much fever as the earlier cases. She suffered intensely all these months from her asthma. She said that her asthma had been as bad many times before, but that she had never been so weak before nor had she ever before lost flesh. I saw her the last time May 23rd, 1891. She had gained fourteen pounds since her treatment began. Her left apex had almost entirely cleared up. The consolidation had disappeared and nothing but rough breathing slightly cog-wheeled remained. Her asthma was also improved, but this I attributed to time of year, and freedom from bronchial catarrh.

Case IV. J. M., aet 52 years, laborer. Sick for three months. No history of rheumatism or heart disease. Saw him first, August 30, 1890. His pulse was 72, irregular and very feeble; his temperature was 96° Fahr.; he had slight oedema of extremities and his urine contained a small quantity of albumen, but no casts; his chest examination revealed mitral insufficiency and marked dilatation of the left ventricle. The dilatation was not marked enough to account for mitral insufficiency and I considered it an old cardiac case with secondary dilatation. The patient was anaemic and had lost flesh. He had had three competent physicians and I thought that there must be something in his case to explain his non-recovery from cardiac disease. He had a slight cough; the



chest examination of the lungs revealed next to nothing ; the heart murmur made so much noise I could not be certain as to anything else. The patient was not tender upon percussion just below inner end of either clavicle. I could not tell whether I got transference of heart sounds. The tension to finger on percussion just below inner end of right clavicle seemed higher than on the opposite side. He had no acute cold and I could get no rales. All I had to depend upon for a diagnosis was a markedly subnormal temperature, the fact that he had been treated for three months without benefit and a suspicious right apex. I thought that a developing localized bronchitis at right apex the only explanation of this case and I treated him according to this theory. Six days later the patient returned. His improvement was striking. He did not look like the same being. His temperature was 98° and his pulse 84 and improved in character. The albumen had disappeared from his urine. Ten days from first appearance I saw him for the third time. His temperature was 97.5, pulse 84. I re-examined his chest and my suspicions as to right apex were confirmed. He had in addition to his cardiac trouble a slight apex catarrh. I kept watch of this patient for three months. His improvement was rapid ; his cardiac condition improved from the start and general condition also. The apex catarrh pursued the ordinary course, i. e. was at first progressive, then stationary and then gradually cleared up.

Case IV. J. T., aet 25, carpenter, of German parentage. First seen April 10, 1891. He had been sick for six months. He first consulted his physician in November 1890, for pains in his knees. During this six months he had worked three weeks only. He gave a history of heart disease since he was seven years old. He had had for the last seven months a good deal of pain with some swelling in his knees and also in other joints but never severe enough to lay him up. He had had a marked looseness of bowels for months with as high as twelve passages daily at times. He had lost twenty pounds of flesh. He had a coated tongue and a poor appetite and had had at times a slight tickling cough. He had a slight oedema

of legs but no albumen in urine. He had a peculiar look and was pale and as soon as I saw him I suspected I had a case of apex catarrh, no matter what else he might have. His pulse was 120, his temperature was not taken. I started the students to examining him and they promptly reported organic heart disease. It was so late I had no time to properly examine the patient. He did have organic heart disease and as to chest I did not have time to decide as his heart was very rapid and made so much noise that I guessed and gave him small doses of tr. digitalis and creosote and told him to return in two days, which he did. He said "I can breathe easier since I took that medicine." His tongue had cleared off a good deal and he said "I feel stronger." His pulse had fallen to 90, his temperature was 99.5° Fahr. I made a careful examination of his chest. He had insufficiency of aortic valves with dilatation of left ventricle and at the left apex a slight catarrh with cog-wheeled breathing. He had also slight tenderness upon percussion. I have watched this patient from that time to June 11, 1891, he has always had a slight fever ranging from 99.5 to 101 Fahr. His pulse has been about 96. He has improved in every respect. His treatment has been small doses of tr. digitalis, soda salicylate, arsenite of copper and creosote. His treatment has only differed in use of creosote probably from the treatment he had had for seven months. He is upon the high road to recovery. His secondary dilatation is largely overcome and he has now only very slight oedema.

## REMARKS.

These cases illustrate a good point. These patients had been sick for months. They had had treatment by first-class men. The diagnosis of heart disease in each case was so plain that it could not have been over-looked; was so plain it had obscured the real key to the situation—at least a factor as important in the case as the heart trouble. They had not recovered under use of heart tonics but had grown worse. They did improve promptly with heart tonics plus creosote. How could this oversight have been avoided?

*"By simply taking the temperature."* If any student of mine had failed to take the temperature in these two cases and had thereby missed this important point in the case, he would not be doing what I have endeavored to impress upon every student that has ever worked with me in the dispensary. These cases of apex catarrh, come in as an element in multitudes of chronic cases; cases that every practitioner knows are a febrile. If men would take the temperature and count the pulse in chronic cases oftener when they fail to respond to treatment there would be less changing of physicians. Any man can count the pulse and take the temperature. Does a pulse of 90 and an evening temperature of 99.5 in a chronic case signify! Yes. It signifies a good deal. Does it signify malaria? If you believe in malaria that lasts any length of time in this climate give quinine for a week. If in a week your temperature and pulse remain the same and your patient is not improved you had better adopt some new theory. If you know little of physical diagnosis, you can percuss a patient at least. Percuss carefully just below inner end of either clavicle and if your case is at all advanced, the patient will tell you *"it hurts more on that side."* You can stop your examination if necessary there, but you had better tell your patients that they will not readily recover; that they even may notice more in the chest later on, for these cases, as a rule are progressive. Give any tonic treatment you may think best, but when someone discovers a remedy that will do in these cases what beechwood creosote will do I want to hear from him at once. These cases are incomplete and imperfect in every respect except the one element in the cases that I have aimed to emphasize.

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## COCAINE AND ITS DANGERS.\*

BY P. MANNHEIM, GERMANY.

The characteristic action of cocaine is a violent stimulation of the nervous system, which may, if pushed far enough, induce con-

\*Translated from the Swedish Hygiea, Bd. 53 No. 4, p. 420, by F. H. Pritchard, M. D. Norwalk, Ohio.

vulsions. These are of central origin and no increased reflex movements, although opinions are divided as to their having their origin in the cortex or medulla.

These convulsions are absent after very large doses as death takes place with symptoms of general paralysis—sensibility disappears, all the reflexes are extinguished and the heart's action and respiration cease. The reflexes are only increased after small doses. The heart's action is always increased, the blood and blood vessels constricted, pressure heightened, at least after medium sized doses, but after large doses dilated and paralyzed. Moderate doses increase the amount of urine, but large ones decrease it up to anuria. An increase in temperature always occurs—according to Reichert up to  $4^{\circ}$  after 0.02 per kilo. weight in dogs. In the peripheral nerves it acts as a paralyzant, first upon the sensory and then on the motor nerves. Cocaine dilates the pupil. It acts upon the mucous membranes, diminishing their secretions and extinguishing temporarily the sense of taste and reflex stimulability of the tongue. In poisoning cases one sees the double, the exciting and depressing action of the drug mingled. If one looks through the cases of poisoning, one finds them in persons of both sexes, of every age, occupation and constitution, hence the assertion that old and nervous women are especially susceptible to its action is hardly justifiable. A special idiosyncrasy, dependent upon age, constitution or disease is not yet proven. Wölffler remarks that in nearly every case where poisoning followed its use, the injection was made into or near the head, but this does not hold good in 65 of the author's 99 cases collected. The relatively frequent appearance of poisoning cases in dental and laringological practice has been explained by some as occurring on account of the drug being used when the patient was sitting upright, i. e., with an anaemic brain. Yet it would seem more natural to accredit the greater frequency to their more extensive use of the remedy. Some writers claim that they can avoid the disagreeable side-action of the drug by injecting it intra-venously. In the cases of poisoning collected by the writer, it was given sub-



cutaneously in 51 cases, instilled into the eye in 9, into the ear in 2, pencilled into the nose in 5, into the pharynx in 3, into the larynx in 2, upon the gums in 2, injected into the rectum in 3, (in one case a suppository, 0.18, was used), into the bladder in 3, into the uterus in 1, and into the urethra in 3, and finally, in 7 cases it was administered per os. In the remaining cases the manner of administration was unknown.

That small doses may cause poisoning has been especially observed in ophthalmological practice. Four drops of a 2% solution instilled into the eye of an old lady caused the phenomena of intoxication which persisted four days, three drops of a 3% solution caused disquieting symptoms; 1.005 gm. dropped into the eye and 0.004 gm. injected into the eyelid produced lasting symptoms of poisoning. In 8 cases not more than 0.01-0.02 gm. was employed; in 9 cases 0.03-0.04 gm., but then the amount increases to extremely large and usually fatal doses, 0.8, 1-1.5 gm. Hence, from this one may conclude that a dose above 0.01-0.02 gm. should never be used.

The time when the symptoms begin to appear varies. In nine cases they began "at once" after using the cocaine, in seven cases "soon," "very soon," or "shortly after." Some state the time from a few seconds, 1-2-10 minutes; others saw the symptoms appear after one-quarter to one-half hour; in other cases after three-quarters, two and one-half and three hours. On an average, cocaine requires five to ten minutes to provoke the phenomena of intoxication; neither the size of the dose nor the place of application have an influence upon the time of development of the symptoms, but it seems that the drug acts relatively most rapidly if dropped into the eye and most slowly taken by the mouth.

As to the time that the symptoms last it varies from five minutes to weeks, indeed, in one of the writer's cases it extended over several months. In three cases the disturbances lasted one to two days, in three cases two days, in one case three days, in two cases four days, in one case six days, in one case seven days, in two cases

several weeks and in one case several months. In the cases of chronic poisoning the symptoms were chiefly nervous disturbances of partially an hysteric nature, great general weakness, paræsthesiæ, disturbances of the nervous centres, &c.

It is not always after large doses that these phenomena are observed. 0.05 gm. injected into the gums produced fainting even after seven days; a 2% solution dropped into the eye or larynx caused disturbances which persisted for days. *Liebreich* has stated that the disagreeable action of cocaine is due to impurities in the various preparations, but, cases of poisoning have been observed even after employing the pure alkaloid.

The symptoms of intoxication developed as follows :

The patient soon becomes sleepy, passes into a soporose state, loses the power of articulation, or after a few minutes becomes comatose, from which state he awakens in the death-struggle. The most profound collapse may appear, preceded by complete and longlasting unconsciousness. In other cases excitation is the most prominent symptom. The patient is in the greatest unquiet and excitement with vertigo; he cries, laughs, gesticulates, talks continually and pays no attention to questions. The position is continually changed, the gait becomes staggering and the general condition resembles that of alcoholic intoxication. Sometimes sleeplessness is remarked which may last from thirty to forty hours. In three cases complete amnesia after recovery was observed. The respiration may be changed in various ways. It may become stertorous, its frequency may diminish to nine respirations per minute, and, on the contrary, it may increase to forty-four, sixty and even two hundred per minute. It may also cease so that death then takes place from asphyxia. Cheyne-Stoke's breathing has been observed.

As to the circulation, the arteries of the neck are often dilated and pulsating. The pulse sometimes increases in frequency to two hundred, or become weak to pulselessness, sometimes decreases to

thirty-five beats a minute. Cyanosis may appear as well as palpitation and angina pectoris. The urinary secretion is sometimes increased and sometimes decreased.

The digestive apparatus presents insensibility of the pharynx, fauces, base of tongue, irritation of the fauces, constriction and intense dryness of the pharynx and dysphagia which may increase to spasms of the pharyngeal muscles. Burning pains in the mouth and stomach now and then after hypodermatic use, nausea and vomiting, pains in the abdomen, symptoms from the central nervous system are quite frequent. The reflexes are increased with excitement, delirium with vivid hallucinations. Confusion of thought, difficult thought and aphasia. In grave cases epileptiform attacks; opisthotonos and tetanus with subsequent death have been recorded. If improvement occurs severe nervous symptoms may remain. The most prominent symptom from the peripheral nervous system is a decreased sensibility of the whole or parts of the body, with a feeling of great coldness in the anæsthetic parts. Paræsthesiæ and pains usually appear along the back and in the head. Irritation of the motor nerves, which expresses itself in spasmodic contraction of the muscles of the extremities or face. Paresis sometimes occurs and is of long duration. The skin is sometimes dry, sometimes clammy, again it may be reddened with great secretion of sweat. A scarlatinous exanthem of the neck has been observed, as well as multiple and obstinate ulcerations of the eyelids. The pupils are either dilated or contracted, sometimes unequal, partly reacting to light and partly without reaction. Disturbances of sight of greater or less gravity are also caused. Many complain of a black appearance before the eyes, others remark a reduction in the acuity of sight, have a dimness overspread their eyes or complete amaurosis may set in, which in one case lasted four hours.

Disturbances may also occur in the other organs of sense, as, roaring in the ears, decrease in the acuteness of smell and abnormalities of taste. The writer then cites nine cases of cocaine poisoning with a fatal termination. In these the dose exceeded in five

one gram, which he regards as the fatal dose. In one case the dose was 0.8 gm., in another 0.225 gm. and in a third death followed painting the larynx with a 2% solution. The necropsies revealed chiefly hyperaemia of the brain.

This is followed by a series of fifteen cases where the symptoms lasted more than twenty-four hours. They persisted, in some cases, for several weeks, and now and then had an intermittent course. Then comes a series of seventy-five cases where the symptoms disappeared within twenty-four hours.

All these ninety-nine cases were quite carefully described by the reporter, but, besides these the writer mentioned one hundred others where the details were by no means sufficiently well given.

The so general use of cocaine has led to chronic as well as acute poisoning. Cocaine has a disturbing action upon the entire organism, which expresses itself in vaso-motor and respiratory disturbances, emaciation, sleeplessness, etc. But the psychic alterations, as a rule, step into the foreground, as vivid hallucinations, and paranoia hallucinatoria. Epileptic attacks have been noticed in a few cases.

It may be here observed that **most** cocaine habitués are also morphinists, but there are also cases of pure cocainism. Besides the cases in which cocaine had exerted a general action, others have been recorded where a local affection was brought about. Instillation into the eye has caused conjunctivitis, neuralgic pains in the eye, corneal ulcer, parenchymatous inflammation of the cornea and in some cases panophthalmia. In one case an acute attack of glaucoma was observed.

From this, one can see how dangerous the drug may be. The writer claims to know of no antidote; (nitro-glycerine, 1% solution, amyl nitrite and ammonia by inhalation, have been successfully used as antidotes in poisoning cases.—*Transl.*)



## THE INTERRUPTED SUTURE.

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The difficulties encountered in placing with safety and expedition the interrupted suture, and successfully soliciting primary union with a minimum cicatrix have suggested a new needle and another method. In suturing the abdomen the safety of the intestines demand so much care and exactness with the methods and instruments in vogue, that valuable time is often lost, and damage occasionally done. To the method in which each end of the suture is threaded into a needle, and the needles passed from within outward, objection may be found in the complication of so many needles; in the danger to the intestines if the needle should break or the needle holder slip. In using the Peaslee and like needles, if the abdominal wall is thick, suturing is done with not a little difficulty. Besides, the danger in passing a needle from without inward is not to be overlooked. In any method in which the sutures are in the care of assistants, there is a probability of their being accidentally infected. Besides the matter of expedition and safety, the course of the suture should receive some attention. The ideal is an ellipse placing the maximum tension of the suture on the middle of the abdominal wall, preventing the retraction of the interior of the wound by muscular contraction. Further, in placing the maximum tension thus the secretions of the wound will be forced to the surface, instead of tending to remain intra-mural. Any method by which the abdominal walls are pierced at right angles, or least the needle is passed through the walls in a straight line the tension is distributed at the four angles at the quadrilateral course of the suture, giving the maximum tension at the periphery tending to defeat natural drainage, as well as close and continuous coaptation of the interior of the wound.

With a view to overcome these objections, if the ground be well taken, I have devised a needle, manufactured by George Tieman

& Co., of New York. It is composed of a hollow hard rubber handle of ovoidal form, separating in the short diameter by a double screw. In the handle are two adjustable spools on which the suture may be wound, at the needle end there is a small aperture for the passage of the thread. There are three curved needles of assorted sizes with an eye near the point. The thread is drawn through the aperture in the handle and passed through the eye of the needle.

In suturing, the threaded needle is passed from within outward,



the free end caught and held by an assistant, the needle withdrawn, then passed from within outward on the opposite side, when the distal end of the suture is cut, the needle withdrawn already threaded for the next suture. The advantages claimed are the following: It is the most rapid and safe method, the needles being curved the course of the suture is naturally elliptical; the handle being filled with an antiseptic fluid and the suture drawn from it as it is being placed, makes infection impossible. Thick walls offer but little greater difficulties than thin ones; the handle being large enough to comfortably fill the hand, fatigue is avoided by bringing into service all the muscles of prehension; it is equally useful in suturing in operations other than abdominal.

## CORRESPONDENCE.

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### LETTER FROM PARIS.

The medical event which has attracted the most attention in Paris during the month has been the second congress on tuberculosis with M. Villemin as its president. It began July 26, lasted a week and was attended by about four hundred members, who discussed: 1. The creation of hospitals for tuberculosis. 2. The prophylaxy of tuberculosis. 3. The treatment of tuberculosis, including the question of vaccination as a cure and the relation of influenza to tuberculosis.

The doctors first visited Prof. Lannelongues' wards at Hospital Trousseau, where he exhibited numerous patients who were under his especial treatment, which consists of the subcutaneous injection into the region of the diseased areas of a solution of zinc chloride, the strength varying from five to ten per cent. and the amount being 2 to 3 gtt. injected in each of five or ten different places according to the individual case. These injections may be made through one single puncture by moving the needle about, or several different punctures may be made. He has employed this method in many cases of joint disease and in tubercular glands, and has in a few cases injected directly into the apex of the lung. Thus far he has observed no unfavorable symptoms. In regard to the cases of joint disease he directs that the injections be made in the region about the joint and care must be used that none of the fluid enters the joint cavity; if there are any areas of granulations inject about these. In case there is a sequestrum, this process prevents the further extension of the disease, isolates the sequestrum, which later may become liberated through the rupture of an abscess, or by operation.

From having observed that there were areas of fibrous induration in the lungs of those who had recovered from attacks of tuberculosis, he concluded that if he could artificially reproduce nature's cicatricial cure, that is, this condition of fibrous induration, he could cure his patients. He found upon investigation that these injections of chloride of zinc produced a sclerotic process resulting in fibrous induration. His idea is not to directly destroy the bacilli, but by means of this fibrous induration to form a dense connective tissue capsule which shall completely surround the bacilli and so prevent their further dissemination to other new portions. In gland and joint disease he has been quite successful, and there seems to be much to be hoped from the method; however, there is very much more doubt as to its adaptation for diseased lung tissues.

Dr. Labbe claimed excellent results in curing the anaemia accompanying tuberculosis by causing his patients to inhale ozone. Others claimed that we are on the eve of a grand discovery to cure tuberculosis by vaccination.

Germain See says his plan of inhalation under compressed air is the only true cure. This congress has not exhibited any great discovery, still it has brought out many valuable experimental facts which may lead up to something greater. Evidently the future treatment will have for its aim not so much the immediate direct destruction of the baccillus, but methods will be used to strengthen the resistance of the living cells against the bacilli and thus render the bacilli powerless.

In this connection the *Progres Medical* has been discussing the important question of disinfecting the railway carriages which are used so much by tubercular patients in going to the southern health resorts. Prausnitz examined the dust in a number of carriages upon the popular route from Berlin to Meran. He made cultures and inoculated guinea pigs. Three out of five acquired tuberculosis. Undoubtedly, persons having a tendency to acquire tuberculosis risk very much in taking a long journey confined in these close apartments, so upholstered that they are not properly



disinfected from the germs left by previous occupants. The Paris, Lyons and Mediterranean R. R. Company are therefore to begin the reform by introducing antiseptic spittoons into these apartments.

Many of the professors are still here, and there are very few students present now. I have rather followed Pean, Champion-nieu and Pozzi. Pean has been very interesting and has invited me to attend his operations at a private hospital nearly every other day. It is noticeable the amount of care they take to procure their patients good recovery. They are very careful to protect their body heat by keeping them so well covered up, wrapping their legs up in cotton batting, then bandaging it to keep it well in place. Again they do not have the patient covered with wet cloths; all cloths, towels, etc., are taken directly from hot sterilizers and placed about the patient. Further, there is very little irrigation; forceps are used in large numbers and there seems to be but very little blood lost. Thus everything is done to protect the patient from shock of the operation. Their statistics show they are careful. Catgut and silk seem to be used about equally; considerable silkworm gut is employed where one might expect silk. Everything is neat and aseptic.

Apostoli has a very large clinic and exhibits excellent results. Careful examinations are made and exact daily records are made, so everyone can read for himself of the progressive stages in the cure of each patient. His assistant, Dr. Grand, is very courteous and explains minutely. While several surgeons have no faith in electricity, others think it is excellent in selected cases and so have their assistants give the necessary treatment, the details of which I have *never* seen carried out, except in Apostoli's own clinic. I think this is one especial reason why the treatment does not succeed as well in the hands of others who do not fully understand what is necessary.

Chloroform is used in Paris entirely, but they do not use a mask or a frame for the compress to rest upon as in Germany, but placing the napkin over the nose they drop the chloroform directly

upon it. Some who are more careful smear the patient's nose and face with vaseline to protect it from the effect of the chloroform.

Paris, August 5.

JOHN B. WALKER, M. D.

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#### FOUR CASES OF POISONING FROM WATER HEMLOCK.

I was hastily summoned on June 30th, 1891, to see four boys who had eaten heartily of what they supposed to be sweet myrrh. The boys were from seven to twelve years old and had eaten heartily of the roots.

The water hemlock grows in waste and marshy places. Flowers in July and August; flower is white, stem hollow, grow about three feet high. There was in half an hour after eating, violent gastro-intestinal irritation, followed by tetanic spasms. The skin was cold and clammy, pupils alternately contracted and dilated. The breathing difficult from fixation of muscles of respiration. Emetics were given and rectal injections. The convulsions increased in severity in two of the cases. Chloroform inhalations were used with good effect in worst case, in whom convulsions lasted five hours, threatening to destroy life by fixation of respiratory muscles.

Enemata of pot. bromide was used in one case with good effect.

The boys were put upon a milk diet with subnit. of bismuth and made an excellent recovery. They will no doubt be more careful in selecting their sweet myrrh next time they go on a botanical excursion.

O. A. RHODES, M. D.

Washingtonville, O.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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TWO DOLLARS PER ANNUM IN ADVANCE.

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VOL. VI. begins with November, 1890. Subscriptions can begin at any time.

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Changes for advertisements must reach us not later than the second week of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No 143 Euclid Avenue, Cleveland, Ohio.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### TO OUR SUBSCRIBERS.

During the past month we have sent bills to all subscribers in arrears. We hope that every one who has not done so will remit promptly. While we believe the GAZETTE to be the best local medical journal published, it is yet far from being our ideal of what such a periodical should be, and by sending the amount you are indebted to us you will enable us to attain this ideal much more quickly. Our subscription list now numbers about two thousand. To put us on a firm financial footing and to enable us to make a number of contemplated improvements we ought to have about three thousand. Will you not speak a good word for the GAZETTE to your neighbor?

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### THE PROPER SPHERE OF THE OPTICIAN.

A recent editorial in the *Medical News* calls attention again to this most important subject. We have repeatedly in the GAZETTE warned our readers of the dangers of referring patients to opticians

for the purpose of fitting spectacles. We take pleasure in reproducing the following editorial from the *News* of Aug. 29:

"It is but a few years since the province of the druggist was clearly outlined and its delineations, in contra-distinction to that of the physician, sharply determined. A little further back in history it was found that the barber and the surgeon had functions that very properly required differentiation. When the barber was restricted to his proper field of action by the other barbers that had become or had determined to become surgeons, there was doubtless much bitterness of heart and outcries against the injustice on the part of those that kept as their sign the red banded post. In the same way when the apothecary, if he would continue to practice medicine, was compelled to obtain a medical instead of pharmacological education, he doubtless thought himself aggrieved. In both cases the world in general and each of the four professions in particular, is better off. No druggist of character would wish the old days back.

"Another great stride in the march of medical progress must soon be taken, and when it is resolutely done the world will be by far the better. The optician, qua optician, must be forbidden to prescribe spectacles. It should be as illegal for an optician to prescribe glasses as it is for a pharmacist to prescribe morphine or arsenic. Both the optical instrument and the drug are medical agents, and only a physician is fitted to judge of the propriety of their use.

"It is a prevalent error in the community, and one that some few ignorant opticians have accepted, that the prescription of spectacle lenses is purely optical, physical, of mechanical process. This is a most grievous mistake, and one that is costing thousands of innocent people their happiness, health and vision.

"Every pair of spectacles worn has a medical significance, and every case of refraction resolves itself into a question of physiology, pathology and pathogeny. The mere physico-optical part is but the simple alphabet of the matter—the most primary rudiments of the therapeutics of ocular, and of ocularly originating



neurological affections. A few considerations may help toward an apprehension and acknowledgment of the great truth:

“1. The eye is a living not a dead camera-obscura, and the simple mechanico-optic laws must be used by the physician, by a living intelligence, in accordance with manifold and changing circumstances and ever varying function. Even when no disease exists other than ametropia and ametropically caused conditions, there are physiology, life, occupation, hereditary factors, anisometropia, and a possible multitude of dyscrasiae, of which only a physician can judge.

“2. It is admitted that when the optician suspects disease he should refer the patient to the physician. The admission is death to the contention. Only a physician can suspect many diseases of the eye, or diseases should be ocular abnormality. The proof of this lies in the horrible fact turning up with mournful regularity at the oculist's office—the fact of ruined eyes because the opticians have not suspected. Glaucoma can not be suspected except by one who has studied glaucoma, i. e., by a physician. Glaucoma is not suspected by the optician, and while he is trying to find a glass for the eye, the eye is ruined. Choroidal, retinal and optic-nerve diseases of a hundred kinds cannot be suspected by the optician, and while he is puttering with glasses, blindness overcomes the patient. The horde of reflex neuroses of ocular origin cannot be known by the optician, and their causes cannot be stopped by means of any purely optical knowledge.

“3. Ametropia in persons under forty-five years of age (and often those from forty-five to fifty-five) cannot be accurately diagnosticated except by the use of a mydriatic, and a mydriatic should never be used, and even now cannot legally be used, except by a physician. Ophthalmologists are in thorough accord that refraction without paralyzed accommodation is mere guesswork and is not scientific. It is the small degrees and the unsymmetrical axes of astigmatism, the so-called spasms of accommodation, the relation of ametropia and heterophoria, the existence of anisometropia, the tendency to progressive myopia, etc., that, uncorrect-

ed, are breeding a host of ills in the hyperesthetic and ocularly overworked urban resident, and these are facts that can be diagnosed and proceeded against solely by a medically educated mind.

“4. As a last resort the optician claims the presbyope as his own. This claim must also be denied. The reasons for denial are patent. Only a physician can say when the presbyopic process is complete. Some power of accommodation often persists up to fifty or sixty, and even a greater age, and may always be the exciting cause of pathologic reflexes. But most important is the fact that it is in the presbyope that glaucoma and cataract arise—glaucoma in which the loss of a day may mean blindness, cataract that requires constant medical watchfulness and medical advice to prevent many evil results.

“Many other reasons of a like kind will arise spontaneously in the mind of the student of the living eye, or will be forced upon those that yield ungraciously to the growing need. It is but fatuous self-deception to charge the medical specialist with avarice or with jealousy of the optician; it is only struggling against the inevitable to attempt keeping the two professions longer united. The prescription of glasses is one sort of work, the scientific and artistic filling the prescription is another kind of work. There is not the most far away tendency of the physician to belittle the function of the optician. The physician in many ways is dependent upon the optician, and is helped by him to realize the common aim—the good of the patient. The two professions must work in harmony, and this can never be so long as their respective spheres are not delimited. The greatest enemy of the optician is he that contends that opticians are capable of prescribing spectacles. The blunders that the optician is repeatedly making, and since he is not a physician, must necessarily make in attempting to prescribe, are bringing upon him the increased contempt both of the physician and the public. If the optician could prescribe without mistakes, the opposition of all the physicians in the world would not and should not change the common custom or affect the optician's repu-

tation. The only way to elevate the optical profession is to restrict the optician's field of action to such work as he can do rightly and well. The scientific manufacture and the artistic fitting of a perfect pair of glasses according to the prescription of the physician is an art requiring high qualities of mind and skill, and when it comes to be estimated at its proper therapeutic value will command increasingly more and more respect.

"It is wretched ethics and very far from our aim to encourage malpractice suits, but such suits often open the eyes of the community to existing wrongs. One of the greatest advances in the medico-legal process, fraught with incalculable good to humanity, consists in the decision of the French courts that it is illegal for an optician to prescribe glasses or give advice for any visual trouble. This has been called "a narrow, technical theory," but by none who understand the tithe of the evils daily resulting from the non-existence of such a law in the United States."

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#### MEDICAL EDUCATION AND MEDICAL COLLEGES.

Dr. Ranch in the Illinois State Board of Health report for 1891, calls attention to the inexact manner in which the titles of medical colleges are given by some of the State medical authorities.

"The list of medical colleges whose diplomas are registered in Tennessee (as published by the Secretary), contains several names of colleges that have never existed, and in many cases the titles of colleges that have existed or now exist are wrong. This was doubtless the fault of the county clerks who registered the diplomas, but at the same time it is important, in view of the fact that there are so many fraudulent diplomas in existence, that the exact title of the institution or authority issuing the diploma or the license be given. Mistakes in titles have occurred in every list of colleges sent to the secretary from different boards of examiners.

"In the cases of some colleges it has been found that the lists of matriculates have been padded, in order to show that the college is more prosperous than it really is or else to reduce the

percentage of graduates to matriculates. Such a course reacts upon the college. The padding is almost surely discovered, and suspicion is at once aroused that the college is resorting to other methods that are not strictly honorable. Akin to this is the practice of issuing announcements without printed lists of matriculates. This always causes serious annoyance to the graduates of such schools when they wish to obtain the license to practice in Illinois.

“Another noticeable feature of the college announcement in this country is that the good work of the school is generally in inverse proportions to the amount of vainglorious boasting in the announcements. Should individual members of the medical profession make use of such boastful and “puffing” language in regard to themselves as is used in some college announcement in regard to the colleges and their teachers, they would be unhesitatingly set down as quacks and unworthy of membership in a scientific body of any kind. Until the contrary is proved or asserted it is generally taken for granted that a teacher in a medical college is a gentleman and qualified to teach his particular branch. The first step towards casting a doubt upon such an assumption is a printed puff of the teacher in his college announcement, as the following :

“The nervous system is one of the most intricate and important systems in the human body.\* The professor has a peculiar fitness for combatting the mysteries connected with this subject, and has accepted the position of professor of this department.

These important branches of medical science are in charge of a man of wide reputation as an obstetrician. His long and successful experience as a lecturer and teacher in this department is well known, and eminently fits him for the position. His lectures will be plain, practical and instructive, embracing everything both in theory and practice that is important to be understood.”†

Such boasting is not confined to heralding the qualities of the

\* A fact so universally admitted that it seems scarcely necessary to call attention to it. This is taken from the announcement of an—college. Other professors are spoken of in like manner.

† From the announcement of a—school, in which similar pen portraits are drawn of other teachers and their work.



teachers. One of the various forms in which it appears is that of insisting that the college has a charter. No one ever has a doubt that a school doing good work has a charter. When a school has to sing praises to its charter in its announcement, there is good reason to suspect that the charter is the best feature of the institution.

A third form in which this boastful spirit appears is that of describing the location and appointments of the college, of claiming unexampled prosperity (sometimes when the college is about to die of inanition), and of describing long known and used methods of instruction as new and peculiar to the college.

Extravagant and untrue assertions in the pages of an announcement are usually accompanied by a high percentage of graduates to matriculates, bad work, low standard both for entrance and graduation and not infrequently by non-recognition of the diplomas or rejection by boards of examiners.

There are colleges in this country that sometimes write to students of other colleges, offering them lower rates or shorter terms, or both. Such action is not honorable. It is quite as dishonorable as for a private practitioner to solicit the patients of another practitioner, and is doubtless stimulated by a desire for large classes and by the great competition between some of the colleges.

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## PERISCOPE.

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### IMPORTANCE OF THE EARLY DIAGNOSIS OF CANCER OF THE UTERUS.

G. WINTER. AN EXTRACT FROM AN ADDRESS, JUNE 26, IN THE  
"GESELLSCHAFT FUER GEBURTSHUELFE UND GYNÆKOLOGIE."

After a review of the methods of operation and the results obtained by each, Winter concludes in favor of the total extirpation, which he terms "a trustworthy and safe operation." Four hundred and seventy-four cases by five operators gave a mortality of forty; that is 8.47%.

Supra-vaginal amputation of the cervix can be made only in the more favorable cases, but is less dangerous to life. One hundred and fifty-five cases were done in Berlin with ten deaths, (2.59%.) The last death was in 1884. Since then sixty-four cases have been operated without loss of life.

The primary results of the radical operations for uterine cancer are very encouraging. The permanency of the cure is unfortunately not as satisfactory.

Local recurrence, if at all occurs in one, or at longest, two years. But statistics which, built upon this fact, consider cases free after two years as permanently cured, over-look the fact that long after this time regional recurrence may take place in the pelvic connective tissue or in the lymphatics.

When, however, we reflect that of all cases of uterine cancer discovered, only a fraction, (about one-fourth), are operable, and that only one-fourth of these, according to present statistics, are to be permanently cured we see that only seven per cent of all cases are saved.

In spite of all our knowledge and power, ninety-three per cent. of women affected perish from this most fatal of all disorders.

Operative gynecology with total extirpation and supra-vaginal amputation has nearly done its part. Advance must come from another direction. Cancer must be recognized earlier. Cancer of the uterus according to our present views is a local affection, and remains for a comparatively long time confined to the uterus. Implications of the lymph vessels occurs only very late. Theoretically, therefore, we must hold almost all uterine cancers capable of radical extirpation. Practically, however, this can be attained only after the earliest possible recognition of the disease.

Every clinician has seen, and the hundreds of carcinomata observed by Winter in the Berlin *Frauen Klinik* has forced upon him the conviction that the fault of a late diagnosis rests in many cases with the physician, but in a majority of cases with the patients themselves.

[The physician is often to blame in that he does not early enough insist on internal examination. The woman is often careless about discharges, or hemorrhage, or hesitates to consult her physician until driven by pain to seek relief.]

He concludes that physicians must accustom themselves to making internal examinations earlier in all suspected cases. The diagnosis is now, when the majority of cases come in the advanced stages, not difficult; but later, when women learn to take better heed and seek medical advice at the first symptoms, beginning cancers with doubtful points of diagnosis, such are now but seldom seen, will present themselves much oftener.

The knowledge of the objective signs of cancer of the uterus will become more important for the family physician. It is not his purpose to enter upon the helps to diagnosis, but he refers to the textbooks of Schroeder, Guserow and Veit.

One thing he wishes yet to mention, that the microscopical examination of excised and curetted pieces, as Carl Ruge taught us, will become more and more general as cancer of the uterus comes earlier to our notice.

J. P. S.

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TREATMENT OF PNEUMONIA WITH LARGE DOSES OF DIGITALIS.  
STABSARZT DR. FIKL.

There is a great diversity in the views entertained by authors upon the value of digitalis in the treatment of pneumonia.

Prof. Petresco, of Bucharest, lately called attention to the remarkable success he had attained with large doses of this remedy in inflammation of the lungs. In eight years he had treated eight hundred and twenty-five cases with a mortality of only 2.06%

Inasmuch as this method did not seem to be given the trial that the good report warranted, Fikl determined to test it in his cases of pneumonia. In 1889 among forty-four pneumonias in his department in the German hospital, there were seven deaths, (that is

to say 15.8%), all treated in the customary way with quinine, salicylate of soda, alcohol, etc. Since the end of the year 1890, he has pursued the plan of Petresco. In a total of sixty cases, forty-six lobar crupous and thirteen lobular pneumonias were treated with large doses of digitalis without a death, and one lobular pneumonia treated with quinine died. Accordingly during a period of fifteen months in sixty cases of inflammation of the lungs, the mortality was one case, 1.66%.

The daily dose at first was thirty-one grains, (two grams). As Fikl became convinced of the safety of the remedy he increased it to three grams (forty-six grains) in twenty-four hours. Usually no other medicine was given, but in a few cases at night small doses of morphine or chloralhydrate. Alcoholics were freely given, as wine, rum and cognac and also milk, coffee and eggs. The admirable effect which such doses of digitalis exercise upon the course of pneumonia, Fikl wishes to confirm. But to Petresco's statement that the digitalis never produces unpleasant symptoms he cannot assent. Vomiting was often observed in his experience, and in two cases, phantasy, wandering and maniacal symptoms were produced. Under this treatment the pneumonia terminated more often in lysis than in a crisis. That Fikl's cases ran a slower course than that observed by Petresco, may arise from the fact that while Petresco gave at least four grams (one drachm) daily, Fikl never exceeded three grams (forty-five grains.)

This series of observations does not confirm Petresco's claim of entire harmlessness of this method inasmuch as fifty-nine cases gave two instances of considerable collapse, twelve times vomiting, four times intermitting pulse and occasionally diarrhoea. But as these unpleasant symptoms appeared only in simple cases and exercised no bad effect on the subsequent recovery they may be held to be offset by the good results. Fikl believes that Petresco's method makes decided advance in the therapy of pneumonia.

*(Ref. Ther. Monatshefte, p. 447.)*

J. P. S.



## AMONG OUR EXCHANGES.

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In our July number we mentioned DR. R. J. PEARE's pleasant experience with muriate of pilocarpine in *croup*. Through a slip of the types the dose was given as one-half grain hourly. It should have been one-twelfth of a grain. DR. PEARE in calling our attention to the error, says: "I find that one-twelfth of a grain proves to be the maximum safe dose for children, and that should only be administered by one who could recognize its physiological action"—the latter part of which observation might well apply to the administration of any potent drug whatsoever.

Those of us who have noted the pleasant effects of ice cream as an addition to the diet in cases of fever, will not be surprised at the results secured by DR. J. M. DACOSTA in three cases of *gastric ulcer*<sup>1</sup> by using ice cream as the sole article of diet. The discovery that ice cream would be tolerated by the stomach when all other articles of food and medicine were alike rejected was accidental in two of the cases. The patients took from one to three quarts every twenty-four hours, paroxysms of pain being relieved by hypodermatic injections of morphia. Decided amelioration of symptoms followed, together with a notable increase in weight. At the end of two months the patients were able to gradually resume their accustomed diet, complete recovery having ensued. PROF. DACOSTA attributes the result in no small degree to the local anæsthetic action of the cold which permits digestion to go on without pain. Great care should be taken to see that no starch or other ingredients are put in to thicken the cream, and cream over twenty-four hours old should not be used.

The venerable DR. HIRAM CORSON has for years insisted that the reason why we have no better results in pneumonia,

<sup>1</sup> Med. News, Aug. 8, 1891.

is that while we have learned a good many valuable things we have forgotten how and when to bleed. We very well remember the remark of the late DR. HUBBARD, of Ashtabula, O., when he was proceeding to apply the web cups to a sprained ankle for the purpose of taking about four ounces of blood from the neighborhood of injured joint. "I know," said he "that this is out of the fashion, but he'll get well about two weeks sooner for it." In spite of the prejudice against local depletion and venesection, a prejudice due largely to the Eclectic and Homeopathic sectarians, both are reasserting themselves as therapeutic agents second to none in promptness and efficiency, when indicated. DR. H. A. LAFLEUR, resident physician of Johns Hopkins Hospital,<sup>1</sup> reports five cases of venesection in cardiac and arterial disease. In the first case, one of thoracic aneurism, fourteen ounces of blood were withdrawn to relieve urgent dyspnea and cyanosis, prompt relief followed, though the patient died of exhaustion two days later. In the second case, one of chronic nephritis with dilated heart, eighteen ounces of blood were withdrawn, giving immediate relief to the extreme dyspnea and cyanosis. These did not return though the patient died of asthenia. In the third case, the cyanosis and dyspnea were the result of mitral insufficiency with dilated and irregular heart. Abstraction of fifteen ounces of blood relieved the urgent symptoms completely, but the patient died suddenly in syncope six days later. In the fourth case, arterial sclerosis and cardiac hypertrophy with dilatation had resulted in edema, venous engorgement, stupor and delirium. The removal of sixteen ounces of blood was followed by restoration of consciousness, free passage of urine, disappearance of dropsy and recovery. In the fifth case, eighteen ounces were withdrawn to relieve extreme cyanosis, resulting from mitral insufficiency with dilated and irregular heart. Immediate relief of urgent symptoms and prompt recovery followed. In all these cases the usual remedies had been faithfully exhibited but without benefit. DR. LAFLEUR considers that these cases

<sup>1</sup> Johns Hopkins Hosp. Bull. Aug. '91.

confirm the conclusions of DR. PYE SMITH of England, that the indications for venesection<sup>1</sup> are: first, cyanosis with dilatation of the right side of the heart, whether from pulmonary or from some other form of obstruction to the circulation; second, the intense pain of thoracic aneurism; third, uremic and prolonged epileptic convulsions. These indications are substantially those which were followed by DR. CARSON and the older members of the American profession generally, who were wont to employ blood letting with the same confident expectation of results as we now have regarding the effect of a hypodermatic injection of morphia.

Viburnum and kindred remedies, DR. BEDFORD BROWN, of Alexandria, Va., finds quite uncertain in the treatment of *threatened abortion*.<sup>2</sup> His first proceedure is to give a hypodermic of one-fourth of a grain of morphia and one seventy-fifth of a grain of atropia, and if there be much depression from hemorrhage, one-sixtieth of a grain of strychnia with twenty minims of the fld. ext. of ergot, just enough to constrict the arterioles without stimulating the contraction of the uterine fibres. Next he douches the vagina with water at a temperature of 110° F., containing one grain of permanganate of potassa to the ounce. Then, if hemorrhage be present, he orders a vaginal douche of a pint of hot water containing an ounce or an ounce and a half of pulverized alum. This causes prompt contraction of the os uteri, and forms a firm clot which fills the cervix and will often arrest bleeding without the necessity of a tampon. He enjoins absolute rest of body. Rest of mind and of the nervous system he secures by the exhibition of ten to twenty grains of bromide of lithia three times a day, and excitement of the circulatory apparatus he allays with two drop doses of tincture of aconite. By these measures he is able to arrest abortion in many cases where it seems imminent. The axis traction forceps of DR. T. J. MCGILLICUDY, of New York City,<sup>3</sup> will

1 Brit Men. Jour., Jan. 31, '91.

2 Jour. Am. Med. Association, June 20, '91.

3 Jour. Am. Med. Association, Aug. 8, '91.

doubtless supercede completely the clumsy instrument of Tarnier and all others fashioned after it. By a supplemental handle attached firmly to the end of the handle and projecting downward at a right angle far enough to bring the end of the former in line with the long axis of the closed blades of the forceps, the operator obtains a firm hold by which he can make traction in the direction of the axis of the pelvis, and not only that, but he can rotate the forceps as well. The instrument is as easily handled as the ordinary long forceps and is so shaped and is, moreover, provided with a screw attachment by which the head can be compressed in the bi-parietal diameter without compressing the base of the skull and injuring the base of the brain, thus enabling delivery of a live child where otherwise craniotomy might be called for. Its price, \$6 to \$8, is also in its favor. In discussing the cause of *still births* DR. PETER McCahey, of Philadelphia, Pa.,<sup>1</sup> calls attention to the similarity of the post-mortem appearances in many still born children to those constantly found in adults dead from caisson disease, viz. : a high degree of congestion of the brain and cord, with extravasations of blood into the meninges, pleura, etc., also not infrequent. These deaths he therefore attributes to high intra-uterine air pressure during the pains. This, as well as the filling up of the air passages with residual liquor amnii, etc., he reduces to a minimum by the use of an intra-uterine safety tube, first to draw off the liquor amnii, and second to lessen the intra-uterine air pressure. Since using this device he has found that the new born children are far less troubled with "phlegm in the throat" and cough, than formerly.

In addition to the ordinary uses to which rubber adhesive plaster is applied, such as the dressing of fractured ribs, extension, counter-extension, etc., DR. W. J. CHENOWETH, of Decatur,<sup>2</sup> Ill., reports excellent results from its use in *lumbago*, *torticollis*, *pleuro-*

1 Med. News, Aug. 22, '91.

2 Med. and Surg. Reporter, Aug. 22, '91.



*dynia* and *synovitis*. The slight dermatitis which usually results where it is long applied may account in part for its kindly action in the affections mentioned. Copious rectal injections of common salt in solution or of boro-glyceride, one in twenty, followed by small rectal suppositories of boro-glyceride, have been found by DR. W. THORNTON PARKER,<sup>1</sup> of Salem, Mass., to be an efficient remedy for *thread or seat worms*. No internal medication is necessary beyond ordinary means to secure regular alvine evacuations. It goes without saying that errors in diet should be likewise looked after. DR. WM. B. BIGLER,<sup>2</sup> of Springvale, Pa., calls attention again to the value of the fluid extract of garget root, *phytolacca decandra* in aborting *mammary* and other forms of *abscess*. Preceding its exhibition with a saline cathartic, he gives ten minims of the fluid extract three times a day, combining it with aconite if there be much fever present. He advocates its being classed in our *Materia Medica* as an *anti-suppurant*, maintaining that in threatened abscess in any part and of any character it is the remedy *par excellence*.

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## NEW BOOKS.

For sale by P. W. Garfield, Cleveland, Ohio.

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HEREDITARY HEALTH AND PERSONAL BEAUTY. By John V. Shoemaker, A. M., M. D., F. A. Davis, Publisher, 1890.

This work, as the title implies, is a popular one and may have some interest to the medical profession, especially the introductory chapter and that on the complexion and the hair. The work as a whole, is very uneven, some parts of it being good, some bad, and some very bad. There does not seem to be much system in its arrangement, being a mixture of scientific work and popular prejudices, with many discussions and stories having no possible connection with the subject under consideration, for instance, the

1 Med. News.

2 Times and Register, Aug. 8, '91.

story of the girls caught bathing in a small creek in the country. The book, as a whole, has a sort of amateurish, prudish, quackish atmosphere about it that seems scarcely creditable to the medical profession. W.

**SURGERY. A PRACTICAL TREATISE WITH SPECIAL REFERENCE TO TREATMENT.** By C. W. Mansel Maclenn, A. M., M. D., Daboon. Assisted by Various Writers on Special Subjects. P. Blakiston, Son & Co., Philadelphia, Pa., 1881.

The rapid changes which have taken place in surgical pathology and practice during the past few years have rendered necessary an almost new series of books on surgery.

Horace Greely once said that the successful newspaper depended more upon what was left out than what was put in. So with modern surgery, the field is so large and covers so many and such a variety of subjects that it is impossible to put it all in one book. The author seems to have the rare faculty of looking upon the subject as a whole and presenting the salient points in a concise and intelligent manner. He seems to have no theories, avoids long citations of authority and always keeps in mind that he is writing a practical treatise with especial reference to treatment and not an encyclopædia. The chapters on the diseases of the skin and eye were written by Mr. J. Hutchinson, Jr.; those on diseases of the ear and larynx by Mr. T. Mark Hovell, and those on tumors by Mr. F. S. Eve. The volume contains 1180 closely printed pages and five hundred illustrations, of which two hundred are original.

**DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD, WITH CHAPTERS ON THE INVESTIGATION OF THE DISEASE AND GENERAL MANAGEMENT OF CHILDREN AND MASSAGE IN PEDIATRICS.** By Louis Starr, M. D., Late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Physician to the Childrens Hospital, Etc., Etc. Second Edition, Illustrated. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia.

The first edition of Dr. Starr's work appeared in '86 and was at once accorded a place in the front rank. It taught thoroughly and in detail what text books on practice too often but briefly consider. When a second edition was demanded, the book was enlarged. A section on alterations in the odor of the breath in disease, was added; also a section on urine alterations; space was

also given to massage in pædiatrics, and an account of second dentition and its influence on the health of late childhood. A beautiful diagram in colors by Prof. Chas. B. Nancrede, illustrating the extended connections of the dental nerves is given as a frontispiece. While the volume as a whole will be valued by every physician who pays any particular attention to the diseases of infancy and childhood, especially worthy of admiration is Part I which treats of the investigation of disease. It is more than worth the price of the book to any practitioner of medicine.

## NOTES AND COMMENTS.

"The multiplicity of facts and writings is become so great that everything must now be reduced to extracts."—*Voltaire*.

*The Progress of one Generation.*—"Upon me has been conferred the honor of introducing to the medical public the essays of all the distinguished men contributing to this great work. Though with some hesitation, it is with still more satisfaction that I comply with this demand. For the very enterprise marks an immense progress in the history of both general medical and pædiatric literature. Indeed, when I began my professional life, such a collection of monographs as here will be offered, could not have been written. Now, that during a single generation there should have been such a thorough change in the methods of both medical thought and work, is a source of the most intense gratification, as well to me as to every other man who has absolute faith in the persistent evolution of science and the improvement of the race." Dr. A. Jacobi in the introductory chapter of the *Cyclopaedia of the Diseases of Children*.

*Professor Brieger's joke.*—The Berlin correspondent of the *Therapeutic Gazette* relates the following:

A distinguished foreign physician paying a visit to the institute, found the professor busily at work in the laboratory surrounded by the most formidable array of chemical and bacteriological utensils. The professor's sole attention and care, however, appeared concentrated on one particular vessel, which was enveloped by smoke and steam.

"Guess what I am boiling here," said the Professor to the visitor. The latter began to enumerate the entire scale of micro-organisms, from the cocci to the spirochetæ. "No sir," quoth Brieger, "these are hot sausages."



*Foreign body in the air passages.*—Dr. Wessinger reports, (*N. Y. Med. Jour.* Sept 29, 1891,): The case of a fourteen year old boy who drew a large brass-headed tack into the bronchus about an inch below the bifurcation. After a few days of coughing and dyspnœa, the symptoms subsided to a dry irritative hacking, and eighteen months elapsed until he was again attacked with violent fits of coughing, accompanied with profuse purulent expectoration. During one of these coughing fits the tack was discharged enclosed in a hard, dark grumous substance. The case is not presented as an argument for inactivity or delay in the treatment, which as the writer states must “be according to the exigencies of the case. Immediate tracheotomy may be demanded to prevent fatal asphyxia, or, in extreme cases the patient may require resuscitation by Silvester’s method. Should the requirements of the patient be less urgent, he may resort to inversion and the patient violently shaken while in this position and made to cough and sneeze. If the object is heavy and smooth it may be dislodged in this manner. Possibly in certain cases it may be wise to pursue a conservative course and wait, but as a rule, this is dangerous. If surgical procedures are determined upon—then the earlier the better—if possible, even before any intumescence or necrosis of the tissues at the seat of obstruction has taken place.”

*The Appetite of our Ancestors.*—Although our modern ways of cooking are more refined, and all sorts of spices are employed to whet our appetites, it is a lamentable fact that we cannot approach our ancestors in the amounts of food with which they were able to regale themselves.

*The Journal de la Sante* cites the following from an old book on cookery, dated 1523:

“On the 6th of August of this year a certain nobleman dined, as was his custom, in the apartment of his wife. The dinner was an ordinary one consisting of two services, one of which was partaken of by all the servants. There were a few guests. The meal was simple but substantial. First service: boiled capon, breast of mutton, a piece of beef and kid, a swan, a pig, a breast of veal, roasted capon, custard. Second service: Pullets, quails, pigeon, a vension pie and several tarts.”

To illustrate the vigorous appetite of the women of those times, the following is quoted from the same book: “On the 24th of October of this year, two ladies breakfasted on the following: A piece of beef, a goose, sweat-breads and a capon. That is not bad for a simple breakfast.—*Dietetic Gazette.*”

*Flatulence.*—This frequent and sometimes obstinate symptom is said by a French journal to be successfully treated by the following (*Pharm. Record*):



R	
Napthol,	5i
Carbonate of Magn.	5i
Powdered Charcoal,	5i
Essence of Peppermint,	gtt ij

M. Divide into 15 powders. S. Take one at beginning of each meal..

When the flatulence is accompanied by constipation, the following may be used.

R	
Magn., Sulphate,	5i
Flowers Sulphur,	5i

M. To be made into 15 powders, one of which is to be taken at each meal.

When diarrhœa accompanies the flatulency.

R	
Bicarb. Sodium,	gr. xxx
Prepared chalk,	gr. xv.
Powdered nuc. vom.	gr. iii.

M. Made into 10 powders, one of which is given with each meal.

*Case of Sudden and Unexpected Delivery in the Erect Posture.*—There being only a limited number of cases of sudden and unexpected delivery in erect posture on record, the following case is perhaps worthy of mention:

S. D., aged twenty-one, who had previously, after a lingering labor, given birth to one child, was recently visiting a friend, when she felt a sensation of giddiness. She therefore left and started on her way home. Having walked fifty yards, a sudden pain in the abdomen was experienced; the pain was so acute that she retired to a neighboring outhouse. She had no sooner arrived there than she gave birth to a full-term male child. The child fell head foremost onto the stone floor. The fall was broken by the cord, the cord was ruptured, and no hemorrhage occurred; the child sustained no injury, not even a bruise being apparent, and is still alive (two months after the occurrence). The mother walked back to her friend's house and has made a good recovery.

There had been a miscalculation of two months in this case of the probable date of parturition and the mother had no idea of the cause of the pain until the child fell from her.—E. HUGH SNELL, M. B., B. Sc. Lond., Obstetric House Surgeon to the Queen's Hospital, Birmingham, in *Brit. Med. Jour.*

*A Piece of Glass in the Larynx for Twenty-one Months.*—A remarkable instance of the tolerance of foreign bodies exhibited occasionally by the larynx is recorded by Dr. C. C. Richardson of New York, who succeeded in removing the offending substance,

after it had remained in its position more than a year and nine months. The patient was a lady, who, while at lunch in October, 1888, was suddenly seized with a violent fit of coughing, which continued for more than half an hour, and seemed to threaten immediate suffocation. Careful examination at this time failed to reveal the presence in the throat of anything to account for the paroxysm, and it was assumed that whatever body had excited it had been subsequently swallowed. The patient, however, was for a long time ill, and was constantly troubled with a cough, laryngeal irritation and loss of voice, and after enduring this state of things for twenty-one months she came under the care of Dr. Ransom. Laryngoscopic examination then revealed the presence of a thin piece of glass suspended antero-posteriorly between the vocal cords, the body of the glass swinging free in the glottis; an explanation of the distressing symptoms so long experienced was thus afforded. After brushing the larynx with a four per cent. cocaine solution, Dr. Ransom was able to remove the foreign body with the aid of the Schrotter forceps, and it was then found to be part of a wineglass, triangular in shape, and measuring along its three borders seven-eighths of an inch, one inch, and one and one-fourth inches respectively. Immediately improvement in the voice and relief of irritation ensued on removal of the glass and the larynx quickly regained its normal, healthy condition.—*Med. Press.*

*Uncontrollable Vomiting of Pregnancy.*—This subject of so deep interest to the practitioner, is at present occupying the attention of a large number of British and foreign obstetricians. Sixteen years ago there appeared in the *Journal* the now celebrated paper by Dr. Copeman, which was read all over the globe, and gave his name to the "method" or "practice" which he advocated. Copeman's method simply means dilatation of the cervix with the fingers. Undoubtedly it has powers of the highest service, whatever may be the precise nature of its action. Dr. Graily Hewitt, whose work on "Severe Vomiting During Pregnancy" appeared last year, traces the disorders to flexions. With inflammatory changes in the uterus, the vomiting, when established causing uterine infection. Other authorities, such as Dr. Henry Bennett and Dr. Marion Sims, trust in the application of counter-irritants to the cervix. Dr. Amain Routh, in a paper read in April at a meeting of the Hawaian Society, strenuously advocated the painting of the cervix with a strong solution of iodine. The believers in flexion and counter-irritants explain the benefit of Copeman's practice in a manner favorable to their own theories; it necessitates pulling on the cervix, and thus remedies a displacement; it involves handling of the cervix, thus constituting in itself a form of counter-irritation. There may be truth in all these theories. Dr. W. A. Duncan's practice of applying cocaine to the cervix may act as a sedative; but here again the defenders of counter-irritation

maintain that it really acts as a counter-irritant through the mechanical disturbance of the cervix required for its application. There is also a purely therapeutic school of obstetricians who put their trust in bromides, menthol, and other drugs. It happens that all contending parties can lawfully claim long series of cures on undoubted clinical evidence. On this fact, Ahlfeld, Kaltenbach and other obstetricians base their theory that the uncontrollable vomiting of pregnancy is a pure necrosis; it has been cured by sudden fright, or by anxiety about other matters besides the pregnancy. These observers, in turn, explain away all the other theories. Dilation, counter-irritation, rectification of displacements cure by acting on the patient's mind, they believe. Moral treatment alone may cure the vomiting. There remains, unfortunately, the fact that in many cases nothing stops the vomiting save termination of the pregnancy. The induction of labor is not without risk; the practitioner is unwilling to resort to it when the vomiting has not lasted long, while later on the patient may be fatally enfeebled by constant sickness, hence the gravity of the entire question becomes self-evident. No wonder so much is written on hyperemesis gravidarum, but much more remains to be done before anything like a sound routine practice, suitable to others than hospital obstetrics and of extremely specialized experience, is established to the benefit of humanity and the comfort of the practitioner.—*British Medical Journal*, May 30, 1891.

*Prophylaxis of Syphilis for Nurses and Nurslings.*—In a paper read March 10 before the Paris Academy of Medicine, Dr. Duvernet, Medical Inspector of nurses of the Prefecture of Police, has given certain statistical results of his practice for six years. Every year there are made at the Prefecture of Police about 14,000 examinations of nurses, among whom 5,300 bring up nurslings in the family. Each one of these women when she comes to the Prefecture is armed by a certificate given by a physician in her neighborhood and testifying that she is not affected with any contagious disease; but the nurses who quit their place in a family before taking another place are obliged to submit to a new visit to the Prefecture. Now, Dr. Duvernet complains justly of the insufficiency of this visit so far as relates to the prophylaxis of syphilis. Practically, when at this visit, the nurse is recognized as a syphilitic, she is interdicted from taking a place as a nurse and is simply informed that she is suffering from a communicable disease, without entering into the details. When she is not manifestly syphilitic, but it is known that she has given the breast to a syphilitic nursling, her examination is adjourned for two months from the day when she was separated from the syphilitic infant. But it is quite certain that very often it is not known whether the women have nursed syphilitic infants. If then they are at the moment of examination free from apparent



lesions they are permitted to take a place and if syphilis afterward breaks out, they may thus prove sources of syphilitic infection. The author demands that the following administrative regulations should be adopted :

1. All nurses seeking situations, who since less than two months, have given the breast to a nursling, should before being permitted to take a new place, be required to produce a medical certificate testifying that the nursling was not affected with any contagious disease.

2. Any nurse who is not armed with such a certificate must be provided with a medical certificate (the date of which corresponds to a period at least two or three months from the day she separated from her last nursling), testifying that she has not been contaminated by this nursling.

3. Every person who takes a nurse from *Bureau de Placement*, accepts the obligation to procure for this nurse, at the moment she leaves his service, a medical certificate, certifying that his child was not affected with any contagious disease.—*Journal of Cut. and Gen-Ur. Diseases.*

*What a Horse Would Say if He Could Speak.*—Don't hitch me to a post or iron railing when the mercury is below freezing. I need the skin on my tongue.

Don't leave me hitched in a stall at night with a big cob right where I must lie down. I am tied and can't select a smooth place.

Don't compel me to eat more salt than I want by mixing it with my oats. I know better than any other animal how much I need.

Don't think because I go free under the whip that I don't get tired. You would move up under the whip.

Don't think because I'm a horse that iron weeds and briars won't hurt my hay.

Don't whip me when I get frightened along the road, or I will expect it next time and may make trouble.

Don't trot me up hill, for I have to carry you and the buggy, and myself too. Try it yourself sometime; run up hill with a big load.

Don't keep my stable very dark, for when I get out into the light my eyes are injured, especially if the snow be on the ground.

Don't say "whoa" unless you mean it. Teach me to stop at the word. It may check me if the lines break, and save running-away and smash-up.

Don't make me drink ice-cold water, nor put a frosty bit in my mouth. Warm the bit by holding it half a minute against my body.

Don't fail to file my teeth when they get jagged and I cannot chew my food. When I get lean it is a sign my teeth need filing.

Don't ask me to "back" with the blinds on. I'm afraid to.

Don't run me down a steep hill, for if anything should give way, I might break your neck.



Don't put on my blind bridle so that it irritates my eye, or so leave my fore-lock that it will be in my eyes.

Don't be so careless of my harness as to find a great sore on me before you attend to it.

Don't lend me to some block-head that has less sense than I have.

Don't forget the old book that is a friend of the oppressed, that says: 'A merciful man is merciful to his beast.'—*Farm Journal*.

*Avoidance of Stimulants During Hemorrhage.*—It is customary when the accident of hemorrhage occurs, for the operator, or some bystander to administer wine, brandy or some other alcoholic stimulant to the patient, under the false idea of sustaining the vital power. It is my solemn duty to protest against this practice on the purest and strictest scientific grounds. The action of alcohol, under such circumstances is injurious all around. It excites the patient and renders him or her nervous and restless. It relaxes the arteries and favors the escape of blood through the divided structures. Entering the circulation in a diluted state, it acts in the manner of a salt in destroying the coagulating quality of the blood, and above all other mischiefs, it increases the action of the heart, stimulating it to throw out more blood through the divided vessels. These are all serious mischiefs, but the last named is the worst. In hemorrhage the very keystone of success lies so much in quietness of the circulation that actual failure of the heart up to faintness, is an advantage, for it brings the blood at the bleeding point to a stand-still, enables it to clot firmly when it has that tendency and forms the most effective possible check upon the flow from the vessels. Dr. Richardson (*Asclepiad*, No. 29, 1891), refers to a case in which three pounds of blood was lost and the patient was unconscious, but which recovered. He refers to this case as typical, because if a stimulant were not wanted in it a stimulant can not be called for in examples less severe. The course followed was simply to lay the patient quite recumbent when signs of faintness supervened, and, so long as he could swallow, to feed him with warm milk and water freely. Such, in my opinion, is the proper treatment to be employed in every instance of syncope from loss of blood.—*Dietetic Gazette*, June, 1891.

*Secret Remedies.*—At a recent meeting of the Academy of Medicine, a paper read by M. Lereboullet on the subject of secret remedies, which had been submitted to the Academy, produced much mirth amongst the company. The witty academician reported on a number of remedies, family secrets, and useful and infallible panaceas, of which the composition had been forwarded direct to the Academy either by the healers themselves or through the Home Secretary. The majority of the inventors are artisans—

shepherds, blacksmiths, nurses, barbers, etc. A few, however, come from the more educated classes—country clergymen, magistrates, teachers, retired civil servants, etc. All have the utmost confidence in the efficacy of the remedy they proposed. They generally declare it to be an heirloom in their own family, and obtained from an aged savant or an octogenarian lady who had possessed the secret for several generations. The extolled remedy is rarely an innovation. Sometimes it has been exhumed from an "old book," or it may be from a "dusty parchment," discovered in a neighboring convent which had been pillaged during the Revolution. Some correspondents have no other object in their communication than a desire to benefit their fellow creatures. Others propose to the Academy the most fantastic conditions for the disposal of their remedy. Very few of the remedies are of a therapeutic nature. Nearly all are tainted in some way by superstition.—*Paris Correspondent of Chem. and Drugg.*

*The Association of American Medical Colleges.*—The second annual session of this association recently held in Washington, adopted a permanent constitution and by-laws, and the interesting session was marked by harmony and enthusiasm. Colleges becoming members of the association must demand of their students, before they receive the M. D. degree, that they have attended three full courses of medical lectures of not less than six months each, no two courses being in the same year. The entrance examination, as prepared by Drs. Osler and Millard, are adopted without change. These require that colleges becoming members of the association shall demand of all matriculates an entrance examination equal to the following:

1. By writing legibly and correctly a composition of not less than two hundred words.
2. By the translation of easy latin prose.
3. By passing an examination in higher arithmetic or the elements of algebra.
4. By passing an examination in elementary physics.

It is provided, however, that the matriculates or graduates of recognized colleges of literature, science, or the arts, or graduates of high schools of the first grade, or of normal schools directly supported by the state, be exempt from this examination. Students are allowed one year to remove a condition in latin. As provided at the Nashville meeting in 1890, the provisions of this examination become operative in 1892. In view of the high character of these requirements, one college withdrew from the association, and a very few delegates that had the credentials of their college were deterred "for the present" from participating in the meeting. The colleges that at present withhold their support from the association are of two classes: Less than half a dozen of our best institutions having a policy of extreme conservatism, or

perhaps provincialism ; secondly, about a dozen two-course institutions. Perhaps the colleges in the first class would not be benefitted by membership in an association recently organized for the purpose of elevating the standard of medical education in the United States, but certainly they should give their moral support to the movement for bringing about a better system of medical education in this country. The policy of the association is to establish and maintain a minimum of requirements, below which no college can go and claim recognition or respectability. The association has the enthusiastic support of the American Academy of Medicine and of the American Medical Association.

The association should have the hearty support of all the high grade schools. A majority of the colleges in the country are not now members of the association, and it is hoped that at the next annual session the association will be so increased as to include every college in the United States, whose teachers really desire a better system and higher grade of medical education in this country.—*Journal of American Medical Association.*

*A New Disease of Americans.*—According to Dr. Lange, perityphlitis, or appendicitis, is usually common in America, and particularly in New York, one surgeon, for example, having encountered twenty-one cases in a period of eleven months. This, Dr. Lange attributes to two of our national failings, that of eating too much and chewing too little, the result of which is constipation. Contributory causes of the prevalent constipation are our hurrying, restless, nerve-straining lives, which lead us to ignore the demands of nature. Fecal accumulation sets up trouble in the mucous membrane of the cæcum. So-called fecal calculi are often found, but very rarely—much more rarely than was formerly believed—foreign bodies, as causes of appendicular disease. The presence of pent-up secretions in the appendix is prone to set up an inflammatory condition, and this may pursue its course without destroying the integrity of the appendicular wall, or it may lead to extra cæcal suppuration, which is almost always situated within the peritoneum, rarely between the layers of the meso-colon, and almost invariably accompanied with perforation of the appendix.—*Medical Record.*

*Medical Schools in Cincinnati.*—An exchange states that Dr. James T. Whittaker says the medical schools of Cincinnati represent every freak, fraud and frenzy of which the human mind is capable. There is a hospital for every race, for every creed, for every sex, for every age, and at present rates there will soon be one for every disease and every doctor, as founders of hospitals and medical schools, are physicians, preachers, fashionable ladies, and men who have made fortunes by questionable means, as vending patent medicines.—*Medical Progress.*



Dr. R. Harvey Reed, of Mansfield, O., has struck upon an ingenious method of becoming the prominent person of that region. He is interested in experiments upon animals to demonstrate certain surgical ideas that he seeks to make of advantage to the profession. As a fact, one of the newspapers of Mansfield, believes this work is all right, and its opponent does not; hence, one paper representing the believers in vivisection, calls attention to the value of Dr. Reed's work, and incidentally to himself, while the other does not believe in vivisection and hence calls attention to Dr. Reed's work, and to Dr. Reed himself. As all the people in and around Mansfield are supporters of the positive or the negative of this question, the doctor is emphatically called to the attention of all, as a capital surgeon interested in the progress of his art. The secular papers have hit upon the best possible scheme for the advancement of his interests. They do the fighting while he looks after his patients. His interests will be best served by keeping steadily at his professional work while the secular papers continue their war concerning the same. The results of his experiments we will give our readers at a later date, when he shall have perfected them to his own satisfaction.—*The American Lancet*.

*The Ohio Medical Society at its last meeting passed the following resolutions:*

WHEREAS, there exists in the regular medical profession, an earnest and wide-spread desire to raise the standard of medical education by requiring of its graduates more years of study and better clinical training, and

WHEREAS, the increased and increasing number of medical schools, especially those located in small and out-of-the-way places where clinical and hospital advantages can not exist, is plainly inconsistent with the foregoing preamble, therefore, be it

RESOLVED, by the Ohio State Medical Society that the formation of new medical schools in small towns or villages remote from hospital clinical advantages and lines of travel, should be and is hereby strongly condemned, and also, that regularly educated physicians in good professional standing, who encourage in any way either directly or indirectly the establishment of medical schools, such as above condemned, should be advised against such a course as being detrimental to professional interest and honor.

The object of these is commendable, but the simple suppression of the schools would not secure that object. Let the society secure a law prohibiting the licensing or degree-granting power to all unendowed colleges and its object will be obtained in a most effectual manner, without friction and with the greatest benefit to existing schools.—*Medical Standard*.



THE  
Cleveland Medical Gazette.

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*VOL. VI.*

*OCTOBER, 1891.*

*No. 12.*

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ORIGINAL ARTICLES.

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ON THE VALUE OF DRAINING THE PELVIS WITH  
LARGE TUBES AND IODOFORM GAUZE STRIPS IN  
CASE OF BLEEDING AFTER LAPAROTOMY.\*

BY M. STAMM, M.D., FREMONT.

For the last six years I have used the iodoform tampon in various cases of hemorrhage where I could not reach the blood vessels well enough to apply a ligature, and I can only say that it has relieved me of considerable annoyance and anxiety. Mikulicz, about five years ago, introduced his tobacco-pouch tampon in cases of pelvic operations to cover, as he called it, the dead spaces resulting from enucleation of large tumors which had no pedicle and where the peritoneum was not extensive enough to cover the enucleated surface. This was certainly a very valuable addition to our operative measures and it encouraged quite a number of surgeons to remove tumors which otherwise they would hardly have dared to touch. The only objection I found, in one case of laparotomy, was the difficulty of its removal. When, therefore, Walcher, of Stuttgart (*Centralblatt für Gynäkologie* No. 46, 1890), described his method of draining the abdominal cavity in case of hemorrhage after laparotomy, which he had tried in seven

\*Read before the State Medical Society.

cases with excellent results, I was not slow in my resolution to carry it out should a case come into my hands which would give the slightest cause of apprehension in regard to after-bleeding.

On February 1st, this year, I operated on a case of double ovarian cancer in an advanced state. The tumors were so wedged into the pelvic cavity that their pressure upon the blood vessels produced such enormous ascites as to threaten her with suffocation. The ascitic fluid again pressed the tumors into the pelvis that the patient was frantic with pain in the small of her back. To give her relief I tapped her once, but in course of one week the fluid had reached the former volume and the excruciating pain in her back, as well as the signs of suffocation, returned with the same severity. The patient, who at first told me never to speak of an operation, now imperatively demanded to be relieved of her suffering in whatever way and at whatever cost. I only reluctantly yielded to her desire, the more so as I had noticed a nodule in the epigastric region at the time when I tapped her. On incision the right tumor was found to be movable and presented a pedicle, but the left one was adherent to the sigmoid flexure and pelvic wall so that I had to peel it off. There was considerable parenchymatous oozing, which did not cease after flushing the cavity and using pressure with sponges, so that I decided to use a large rubber tube about the thickness of a thumb and a strip of iodoform gauze about one and a one-half yards long. The latter was pulled through the tube and the long end pressed against the bleeding parts, the Douglas pouch was filled by it and the tube kept the pressure up. She recovered the operation without any untoward symptom, but about four weeks later showed signs of pyloric obstruction, and at the end of six weeks she died from inanition.

I have since used it in another case of small ovarian cyst about the size of a fist and adhering to the posterior part of uterus and Douglas pouch. Adhesions were very firm so that the cyst did burst and emptied its contents, a dark grumous mass, into the

pelvic cavity. Considerable parenchymatous oozing induced me to use the drainage tube and gauze. Patient made a smooth and rapid recovery.

#### REMOVAL OF A DERMOID CYST.

Dr. Wm. Busch, of Genoa, O., called me to see Mrs. T., aged about thirty-three years, married for several years, never had any children. She complained of pain in her right ovarian region for the last few years, but especially so since last July. On examination I found a solid, not fully outlined tumor, reaching nearly up to the umbilicus; it moved very little and with the uterus only. At the operation, performed on March 25th, the tumor presented the size of a large child's head; adhesions were extensive. An incision into the tumor brought to light a large quantity of soft, cheesy substance, with balls of long hair. As it was impossible to form a suitable pedicle, I peeled the tumor out of its peritoneal covering and then tied the remaining mass in four parts, but there was still some bleeding going on even after flushing the cavity and using pressure with sponges. The light of the room was very unsatisfactory, and even after giving patient Trendelenburg's position I could not find the bleeding point. Patient collapsed considerably so that any further attempt to find the source of hemorrhage would have been fraught with danger. I therefore filled the Douglas pouch up with the iodoform gauze in the manner described in the first case. Patient rallied from the operation with a very feeble pulse, but her temperature did not exceed 100°. After forty-eight hours I removed the tube and gauze strip, and from that time on she made a rapid recovery.

I am well aware that some of our foremost German operators are not in favor of drainage, even in the most complicated cases, and that in spite of this they have obtained excellent results. A few, however, have returned to drainage, and Sanger especially advocates glass tubes with iodoform gauze (capillary drainage); he claims a smoother recovery for his cases and thinks that by

this procedure the action of the blood ferments is neutralized. The majority of American and English surgeons are greatly in favor of drainage, and the good results obtained thereby will probably not lead them so soon to abandon this method. It is true, the splendid results obtained by Ohlshausen, Martin and others, without drainage, are apt to lend additional lustre to their operative skill ; but as we cannot all reach such a height of perfection in operating or possess the marvelous dexterity of a Tait, and as we are not all surrounded by such a staff of well-trained assistants and nurses and other facilities which their hospitals afford, we often look about us for measures which will shorten and simplify our operations without lessening their safety. It is self-evident that the old surgical rule, to tie every bleeding vessel which will admit of ligation, should never be thrown overboard. Despite of this rule, however, we often have cases which are in such a state of collapse that the shortening of the operation becomes imperative, and it is in such cases, especially in parenchymatous bleeding from the denuded surfaces, where the packing of the pelvis serves us in good stead. Yes, it is really for the purpose of tamponade more than for drainage that we use this combination of gauze strips and large drainage tubes, since a healthy peritoneum generally serves already as an excellent draining surface. Still in many cases the power of absorption of the peritoneum is very much impaired, and it becomes desirable to rid the abdominal cavity as soon as possible from the blood and accumulated secretions. In such cases, where drainage is used the recovery is avowedly less interrupted or eventful than where drainage is omitted. Walcher has used this method in four cases of tumors with vascular peritoneal adhesions and in three cases of ectopic gestation with the best results ; he did not even make an attempt to tie the bleeding vessels. He uses glass tubes with a lumen three-fourths to one inch and of a length from five to eight inches. As I had no glass tube of such size on hand I used a rubber tube, but I think that glass tubes are preferable ; the drainage opening seems to unite



better after using the latter. The iodoform gauze strip can be used from one to three yards long ; to exercise sufficient pressure upon the bleeding surface, you can pack the whole pelvis with it, and the tube will keep up the pressure and give ready outlet to the secretions. I applied the sutures the same way as if there had been no drainage tube inserted, and tied the thread near the tube in a noose so that after forty-eight hours, when the tube was removed, I could simply draw the edges of the opening together and make a permanent knot. In removing the tube you lift it slightly, and you can then readily pull the gauze strip out through it. Walcher found the wound healed completely in nine days. In my cases it took a few days longer to heal, which I attributed to the use of rubber instead of glass tubes. I covered the wound and tube with iodoform gauze and wood wool. Walcher had to resort in two cases after forty-eight hours again to the tamponade, as he met with some fresh hemorrhage, but could close the wound after the third or fourth day. He also found, that owing to the pressure of the tampon, two patients complained of retention of flatus; this is, however, a small disadvantage in comparison to the great advantages of the method in other respects.

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## MEDICAL JURISPRUDENCE.

HENRY A. RILEY, A.B., LL.B., NEW YORK.

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### ACCIDENT CASES IN THE COURTS.

The courts have been busy recently in defining certain casualties to be or not to be accidents, so as to settle the question of the liability of accident insurance companies.

Not long since the New York Court of Appeals in a long and very interesting decision held that death resulting from the malignant pustule, caused by the infliction upon the body of diseased animal matter containing *bacillus anthrax*, is death from disease, and not an accident.

In another case in Missouri the court held that sunstroke was a disease and did not come within the terms of a policy of insurance against bodily injuries sustained through external, violent and accidental means but expressly excepting "any disease or bodily infirmity."

In Illinois it is said that a decision has just been rendered that death from inhaling gas in the case of a person who ignorantly blew out the light in a hotel bed room is not an accident but a disease. This decision will go before the Appellate Court for review before it will have authority.

In a case in Virginia the last instance of inhaling gas seems to have been decided to be accidental so as to permit a recovery under the policy of insurance.

#### EMBALMING AS A HINDRANCE TO THE DETECTION OF CRIME.

Some of the medical papers have been recently discussing the process of embalming which now seems to be quite popular among undertakers instead of the old method of keeping a body until the funeral by the use of ice. It seems that arsenious acid is used in most instances and when this is the case it is practically useless to attempt to determine whether the death has been caused by a previous dose of arsenic. At all events it would be impossible to obtain a verdict of murder in the first degree on a charge of arsenic poisoning when it appeared that the drug had been inserted in the body after death. There ought to be regulations forbidding the process of embalming in all cases until a proper certificate of death has been procured.

#### THE IRON MAIDEN.

A recent writer speaks as follows about one of the most painful instruments of punishment ever devised: "Any American who goes abroad this year will do well to visit a remarkable historical collection now to be seen in the German Exhibition of London. This collection was made by a Franconian nobleman who had it set up in the town hall of Nuremburg. He spent years in making

it. The central jewel, the Kohinoor of the collection, is one of the most awful graven images it ever entered into the heart of men to conceive. This is the world-famous *Eiserne Jungfrau*, the 'Iron Maiden' of Nuremburg.

"This monstrous invention was an improvement in ferocity upon the brazen bull into which the ancient tyrant, after heating it red hot, was about to thrust his naked victims. Many Americans have seen the Iron Maiden ; all Americans ought to see her.

"The sight is an excellent tonic for young Yankees of both sexes suffering from overculture and reduced into a fit of mediævalism by the picturesque and romantic attractions of such 'quaint old towns of art and song' as the city of Hans Sach and Albert Durer. For the Iron Maiden was no ingenious toy devised to amuse the idle and frighten the thoughtless into good behavior. Clapsed in her stifling embrace, pierced in all parts of the human body not absolutely vital by the sharpened spikes set into steel valves which had closed upon him a living man, many a wretch yielded up the ghost in torments not to be conceived of adequately save by the imagination of an Edgar Poe. And this not by the edict of a despot mad with unbridled power, but in the normal course of justice as justice was understood and administered during the 'good old times.'"

#### UNDERTAKING AS A NUISANCE.

The question whether undertaking and embalming is a nuisance came up for consideration a short time since in New York City, in the case of a large and well-appointed establishment located right in the center of the most fashionable neighborhood on Murray Hill. The property where the undertaking establishment was placed had been restricted by deeds from previous owners against any business which might be offensive to the neighbors, such as factories, stables and any kind of a nuisance, and suit was brought for injunction on the ground that this restriction applied to the business of undertaking and embalming.

A large mass of testimony was taken on both sides and that

given in behalf of the defendant was to the effect that the business was cleanly, well conducted, and not offensive. The manager of the company even went so far as to say that he would rather attend a funeral than a wedding. The court decided, however, that the restrictions on the property covered the business of undertaking and delivered the following opinion: "While every advance in science is hailed with delight, popular opinion has not yet reached the belief that the general good requires that private corporations or individuals shall for gain or from motives of philanthropy open dead-houses in fashionable or thickly populated parts of the city, or where autopsies are held or where dead bodies are cut up and stored, or where funerals are furnished without regard to number whenever required. Cremation in the city would be as readily tolerated.

"All of these things are good in their places but offensive everywhere else. Dead-houses, morgues, dissecting rooms and establishments for autopsies or for the reception of dead bodies have no place in a city like New York, and if tolerated should, for sanitary and other reasons, be permitted only along the water fronts or in some out-of-the-way place so far removed from habitation as not to offend the amenities of life and to be absolutely free from all harmful influences."

#### LIFE SAVING IS MERITORIOUS.

A recent Ohio decision holds that in that state the attempt to save life is meritorious and deserves in some cases to secure money damages from a railroad corporation.

The case was that of a person who was badly injured in the effort to save a small child from being run over by a train. The person had been talking to the child's nurse and the child not being carefully watched wandered in front of an approaching train. In the attempt to save the child the rescuer it seems became a little bewildered and did not get out of the way of the train quick enough to save serious injury. The court held that there was a right of recovery against the railroad as a person in rescuing another cannot stop to weigh the chances of danger to himself.



# NOTES ON THE NATURE AND TREATMENT OF ACNE.

BY WILLIAM THOMAS COLETT, M. D., L. R. C. P., LOND.

Professor of Dermatology in Western Reserve University; Consulting Physician for Diseases of the Skin to Charity and St. Alexis Women and Childrens Hospitals, and to the City Hospital, Cleveland, O.

Acne is the culminating condition arising from a series of functional derangements of the sebaceous glands. As we see it, it is a circumscribed inflammation of the skin, due to the presence of a foreign body—the comedo.

There are, therefore, two etiological factors in the development of acne—predisposing and exciting causes.

PREDISPOSING CAUSES.—Under the first we have the underlying influences which give rise to the accumulation of sebaceous material. They are varied, and will be taken up *seriatim*:

AGE.—On account of the changes in the skin incident to puberty, acne is most frequently met with at this epoch. The trophic and vaso-motor influences which supplant the beardless face of youth with a growth of soft down, and bring the blush of modesty to the cheek of early womanhood, may, when perverted, act with equal potency as disturbing agents. These disturbances appear in the sebaceous glands as:

(a) \* An excess of secretion.

(b) An alteration of the secretion.

(c) A retention of the secretion because of the relaxed state of the surrounding parts.

Usually, however, the three are more or less combined.

SYMPTOMATIC OR REFLEX CAUSES.—When the gastro-intestinal tract is irritated, the effect frequently observed on the face is an erythematous blush, such as is seen in dyspeptic persons after a stimulating repast, especially if wine has been partaken of. If this be continued day after day, the blood vessels become permanently engorged with blood; the sebaceous follicles become clogged with sebaceous matter; the conditions are favorable for follicular inflammation—hence one of the most prolific sources of acne in the adult.

Then again the genito-urinary tract may give rise to these reflex disturbances. I have in mind a boy who was troubled with a most obstinate acne which resisted the usual treatment. It was finally noted that he had an unusually long and adherent prepuce. He was circumcised and forthwith the acne disappeared.

More frequently, however, the irritation comes from some part of the urethra, either as an excess of venery,<sup>1</sup> from the passage of calculi, or from the dribbling of irritating urine.

It is not in acne alone that these reflex phenomena are met with; numerous instances are recorded in which they have given rise to other diseases of the skin.<sup>2</sup>

ELIMINATIVE CAUSES.—It is well known that the sebaceous glands are capable of performing vicarious action. This is noticeable at times in constipated subjects, whose cutaneous excretions have a fœcal odor. Under these conditions the sebum is poured forth in greater quantity, and it is poured forth thicker than in health. With this increased action the glands become exhausted, their contents are retained; then comes the formation of the comedo, and its sequel is inflammation—acne.

WANT OF VITALITY IN THE SKIN ITSELF.—The several structures which go to make up the integument may be in an atonic condition. This is most marked in the muscular and yellow elastic fibres. In the face, the plentiful supply of striated muscles assists, by their frequent contractions, in expelling the glandular secretions. But it is the unstriped muscular fibres that act directly on the sebaceous follicles. The *erectores pili* surround them as in a sling, and, in contracting, force out their contents.

This atonic condition is a general one, and not limited to the muscles of the integument.

A skin, such as has been described, may be recognized by its pale, muddy color, and its cold, doughy feel. Persons with this skin are prone to chilblains, and generally have cold hands and feet.

(1.) Columbus Medical Journal, October, 1883. (2.) Medical and Surgical Reporter, June 12, 1885.

They are predisposed to acne, which frequently appears without any other apparent exciting cause. As might be expected under these conditions, the disease is characterized by its slow, destructive course, leaving disfigurement in its wake.

DIRECT OR EXCITING CAUSES.—Once having the retained extraneous substance, the subsequent course will depend on the general state of the system. Hence several varieties of acne, which are beyond the scope of this paper to consider in detail.

In some, comedones will remain as a disease *per se*; more frequently, however, they exist as a necessary prelude to the inflammatory disturbances which follow acne proper.

Nor do the abnormalities of the sebaceous function always give rise to acne. Excessive secretion frequently gives rise to seborrhœa; and retention of the secretion may result in milium. Not infrequently acne is due to cosmetics, from their irritating effects on the follicles of the skin. The ingestion of certain drugs, as the bromine and iodine salts, frequently sets up a peculiar acneic eruption. Constitutional diseases, as syphilis, may excite an inflammation in the follicles of the skin.

TREATMENT.—As the etiology of acne is seen to be complex, so the treatment, to be successful, must be varied to meet the requirements of each individual case.

LOCAL TREATMENT.—There are cases in which simple stimulating application will be effectual. The best I have found is the bichloride of mercury solution (gr. j to ʒ iv.) applied two or three times a day. Or the tincture of benzoin (ʒ j to ʒ iv.) used in the same way.

Generally a more systematic course is required, and we proceed as follows:

Before retiring for the night, the face should be bathed in warm water using soap having slight excess of alkali, commonly called strong soap—such as is made at Carlsbad. After this, the comedones are to be squeezed out, and for this, nothing is better than the finger-nails. By selecting a certain part of the face each day, the removal will be more complete and less disfiguring.

Then the bichloride solution, or the following paste, should be applied for the night.

R<sub>y</sub>.     Acidi salicylici, gr. x.  
           Sulph. præcipitati, ℥ iij.  
           Glycerini,  
           Alcoholis,  
           Aquæ rosæ aa. ℥ i.

Misce et Sig. . Apply.

In the morning the face is to be washed off with warm water and a neutral soap, and afterward rinsed in cold water.

The stimulating effect of this lotion will become apparent by the oily state of the skin, which the following lotion will remove :

R<sub>y</sub>.     Resorcin (Merck's), grs. xv.  
           Aquæ camphoræ, ℥ ij.  
           Aquæ ad ℥ iv.     Misce et Sig.

Apply two or three times a day.

There is another class of cases characterized by the formation of painful tubercles which suppurate slowly and ineffectually, as the comedo is afterward found *in situ*. This calls for still more active treatment. The following I have found of excellent service :

R<sub>y</sub>.     Acidi salicylici, grs. x.  
           Acidi benzoici, grs. xv.  
                   Lanolin, ℥ j.   M. et Sig.   Apply.

Or the following :

R<sub>y</sub>.     Naphthol, ℥ j.  
           Sulph. præcipitati, ℥ v.  
           Sapon. viridis, ℥ iij.  
           Vaseline, ℥ j.   Misce et Sig.   Apply.

When smarting becomes severe remove with olive oil, and powder surface with starch. Repeat daily.

But there is a large number of apparently simple cases that will not yield even to this; but a still more effectual means is at our command—the knife—and of all local measures, none are more



important. In this way accumulations of sebaceous matter, situated deeply in the corium, which would require weeks or months of suppuration to eliminate, may be evacuated even before inflammation has set in.

In the treatment of acne, free cutting is to be employed, because:

- (a) It prevents a long period of inflammation.
- (b) There is less danger of a relapse, the evacuation being complete.
- (c) It prevents the disfigurements of pits and scars that otherwise may ensue.

(d) Free cutting has a beneficial effect other than the evacuation of individual accumulations, probably in a reflex way.

**GALVANISM.**—From 4 to 10 milliamperes are serviceable in flabby, indolent skins. It should be used two or three times a week. The application is made by placing the positive pole to the nape of the neck, and moving the negative carbon over the area affected. It is contra-indicated in acute inflammations.

As useful accessories may be mentioned, sun baths, or the exposure of the surface to the sun's rays for from ten to twenty minutes daily. Sea bathing, and sand bathing when the trunk is involved, are highly useful, especially to fresh water bathers.

**INTERNAL TREATMENT.**—In a very large number of cases topical measures alone will not eradicate the diseases. The indirect influences must be corrected. When gastro-intestinal disturbances exist, a strict regimen must be enforced. The food should be easily digested, the best will be something like this: Fresh fruits (except raw apples), dry bread, milk, vegetables (except cabbage), fresh meat and fish.

The articles to be absolutely prohibited are: tea, coffee and tobacco; ices, sweet confections, nuts and pastry.

The first three increase the reflex susceptibility—which has been observed is an etiological factor of no mean importance—while the others are liable to interfere with the physiological action of the gastro-intestinal tract.

Then the bowels must be freely and regularly evacuated. If drugs are called for, the mineral waters, such as Hunyadi Janos, Congress, etc., are preferable. At times the vegetable bitters are indicated in feeble digestion; and the calcium sulphide (gr.  $\frac{1}{4}$ , four or five times daily) when pustules are plentiful.

Should the genito-urinary tract be in a hyperæsthetic state, the irritation must be allayed. For this warm sitz baths are eminently useful. Passing the steel sound twice a week is of value in selected cases, it must not be used indiscriminately.

Lastly, but by no means the least in importance, the soothing influence which matrimony brings to these organs should not be lost sight of; while it is to be remembered that irregular, or intemperate indulgence is essentially reprehensible.

In the management of acne, therefore, each case must be a rule unto itself. No routine or haphazard treatment will here be successful. On the other hand, no disease of the skin yields more readily when treated understandingly.

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### BIOPLASSON.—A REVIEW.\*

G. C. RUSSELL, M. D., CLEVELAND, OHIO.

I have nothing very new or original to communicate on the subject of the living matter in tissues. The confusion which often arises in the mind of the reader of medical literature, especially magazine literature due to the lack of a uniform definition of terms and a looseness in the nomenclature of the subject, is my apology for this brief review of authors. A book is published to-day announcing some important theory, the investigator of to-morrow announces important modifications. New terms spring into use and former ones become obsolete or continue in use with a modified meaning. The term Sarcode was used as early as 1835, by Dujardin, who discovered common to certain low orders of

\*Read before the Cuyahoga Co. Med. Society, Aug. 6, 1891.

animals a contractile substance and gave to it the name sarcode, meaning flesh. Dujardin had no knowledge of the living matter common to all animal tissues and believed the substance which he described to be peculiar to the lowest forms of life. The term cell was first proposed by Schleiden in 1838, and was used to designate the four or six sided or roundish bodies, which he had discovered in vegetable tissues. These bodies were found to be composed of a thick wall of cellulose inclosing a cavity. Within the cavity was found a variety of substances, such as fat, starch, pigment, albumen, etc. The surrounding wall was termed the cell wall or membrane and the substance within the wall the cell contents. The nucleus of the vegetable cell was seen and described by Robert Brown. In 1839, the year following the announcement of Schleiden, Theodor Schwann discovered the similarity in structure of animal and vegetable tissues and adopting the nomenclature of the botanical investigators who had preceded him, announced that cells are the simplest constituent parts of all tissues of the animal body, as well as of plants; and the cell of animal tissues, like the vegetable, is a vesicle composed of a membrane, and within the membrane a fluid in which is suspended a central body or nucleus and often a nucleolus. It was the belief of Schleiden and Schwann that cells were precipitated spontaneously, out of a formative fluid which was called blastema, or cyloblastema, or plasma, the nucleus was the first to make its appearance and when once precipitated had the power of completing the cell formation and hence was called the cyloblast. This is the original cell theory and its nomenclature still clings to medical literature although the theory itself has only an historical interest. In 1852 it was announced by Virchow that cells do not originate spontaneously, that every cell must originate from a former cell, *omnis cellula e cellula*, also that they are the real seats of life. He held essentially the same views in regard to the structure of cells as did Schwann and other preceding investigators. He taught that each cell was an individual entity, capable of

performing all the functions of life, motion, growth and reproduction and having no direct connection with neighboring cells, but each having dominion over certain territory surrounding it, thus dividing tissues into cell territories, and all in some mysterious way working harmoniously together for the common good of the individual; to use the words of Virchow, "Every animal presents itself as a sum of vital unities, every one of which manifests all the characteristics of life." In 1861 Max Schultze still farther modified the cell theory. He proved that "changes of form, locomotion and division are impossible to corpuscles surrounded by a resistant membrane," thus disproving the idea which had been held for many years that a wall or membrane was an essential part of the elementary unit called a cell. He maintained that these elements are lumps of a jelly-like matter endowed with life, and he gave to this matter the name of protoplasm, a term borrowed from the German botanist Hugo Von Mohl, meaning the first formed. This jelly-like substance was identical with the contractile substance formerly discovered by Dujardin in certain low animal organisms, and protoplasm was identical with sarcode according to the teachings of Max Schultze a cell was a minute particle of protoplasm in which is imbedded a nucleus and granules. Under the teachings of this investigator and others of his school this term grew into popular use among histologists. In the same year E. Brücke declared that he saw many lumps of protoplasm in tissues which contained no nucleus, he proposed the term elementary organisms for the bodies formerly called cells and declared them to be structureless lumps of protoplasm. S. Stricker in 1868 confirmed the teachings of Brücke and also declared that the granules were not an essential feature of protoplasm. He considered the question as to how large a lump of protoplasm must be to entitle it to the name of cell and concludes that a corpuscle should be called a cell only when we perceive in it the properties of a living organism, namely growth, motion and reproduction. In 1873 C. Heitzman published conclusions based



upon a study of the amœba and blood corpuscles which were decidedly at variance with the teachings of preceding investigators and have still farther modified biological thought. In 1883 he published his book in which his teachings are confirmed by many competent observers, one of whom, L. Elsberg, has suggested the name bioplasyon doctrine, bioplasyon meaning living matter. This doctrine teaches that the substance composing the cell to which Max Schultze had given the name protoplasm, is not a simple elementary substance, but a compound one, constituted of two distinct parts, a living part and a non-living part. The living part is arranged in a stroma or net work, and composes the so-called cell membrane, nucleus, nucleolus, connecting filaments and granules, the substance itself of these living parts is homogeneous. It has a yellow tint of varying intensity and shade, a considerable luster and admits of being stained red by carmine and violet by a solution of chloride of gold. To this substance is applied the name of living matter or bioplasyon. The non-living part of protoplasm is a fluid which fills the vacuoles and meshes between the net work and is called protoplasmic fluid. The entire protoplasmic lump is constructed like a sponge, inclosed on all sides by the same substance which forms the trabeculæ of the sponge, the trabeculæ and shell corresponding to the living matter. Previous observers had described a reticulum in certain protoplasmic bodies. The claim of the bioplasyon doctrine is a reticular structure of protoplasm as a universal occurrence. Again, instead of adhering to the comparison of Virchow, that every higher organism is like an organized social community or state in which the individual citizens are represented by the cells and each having a certain morphological and physiological autonomy, the bioplasyon doctrine teaches that there is no such thing as an isolated individual cell in tissues, as all cells are joined throughout the organism, thus rendering the body in toto an individual and what was formerly termed cells are nodes of a reticulum of living matter traversing the tissues, these nodes are termed plastids as

proposed by Heckel, or bioplass as proposed by Beale and it is proposed to discontinue the use of the word cell. So far as chemical or microscopical analysis has shown this living matter or bioplasson is the same identical kind of a substance in all tissues, whether animal or vegetable, and the nature of the tissue is determined first by the manner in which the living matter is distributed, and secondly, by the chemical changes of the fluid contained in the meshes of the reticulum. The cell as such is no longer the essential seat of life, but living matter, whether found in the plastids or elsewhere, the smallest granule of which is endowed with all the properties of life. I am not prepared to say how generally the bioplasson doctrine has been accepted by histologists or the profession at large. In Heitzman's book some twenty observers have contributed to the doctrine. Kline and those from whom he quotes seem to confirm much in support of it. Kirk states that cells are united to form tissue by the anastomosis of their processes and by an intercellular cement substance. In regard to epithelial tissues he states that the intercellular intervals may be considerable and the outline of the cell is very irregular in consequence of processes passing from cell to cell across these intervals. Of connective tissue he says, the fixed cells are branched and often united to form a net work. The statement of these authors is not so broad as is that of Heitzman and his avowed followers, but their testimony I think favors the theory. It appears from this brief review, that the term sarcode is obsolete and belongs to the literature of forty or fifty years ago. The term cell is a misnomer, the protoplasmic bodies constituting the cell of the authors having been found to lack cell characteristics; however, the term has become so thoroughly identified with medical literature that its use will probably continue, although the term plastid for undifferentiated bioplasson and bioplast for the so-called cell of the authors would be a more consistent use of language and is gaining in popularity. The term protoplasm should not be used to designate the simple elementary substance of tissues, but a stage in the

development of such living substance, that stage of development which the living matter has reached in the cell or bioplast. Bioplasmic fluid is the non-living part of protoplasm and should not be used synonymously with protoplasm or bioplasson.

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## A RARE CASE OF PELVIC DROPSY ; OPERATION ; CURE.\*

BY J. F. BALDWIN, M. D., COLUMBUS.

Mrs. Callie Mc., of Bremen, Ohio, aged twenty-two years, was seen by me, with her physician, Dr. D. P. Adams, of this city, Dec. 9th, 1890.

I found that she had been married at seventeen, and had one child, aged three years ; no miscarriages. She was well nourished, and had excellent health except in one particular ; a tumor as large as a cocoanut projected from the vulva, and by contact with her clothing had become ulcerated and painful.

This tumor had been in existence for about two years. On examination we found that this tumor had for its base the posterior vaginal wall, projecting forward like an immense rectocele, for which, indeed, it had been mistaken. The tumor was further found to contain fluid, which on pressure passed up into the abdominal cavity, returning again as soon as the pressure removed. Bimanual examination revealed the presence of two tumors within the pelvis, one on each side.

Owing to the thickness of the abdominal walls the exact character of these growths could not be determined. The next day an anæsthetic was given, and the contents of the vaginal cyst drawn off by the aspirator. The contents consisted of simple serum, a little more than a pint in quantity.

Under the anæsthetic a more thorough examination was possible than on the day before, but not much more could be learned. A

\*Read before Ohio State Medical Society.

week later the cyst contents had reaccumulated, and the tumor projected as before. The cyst was formed by a prolongation of Douglas's cul-de-sac, and our theory was that the fluid was the result of the pelvic tumors pressing on the veins of the broad ligaments.

Our patient was in splendid health, except for this ulcerated cyst, which, while not endangering life, rendered life very uncomfortable. She was very loath to have the pelvic tumors removed, as they were small and gave her no trouble, and she did not feel like taking the risk of an operation. We therefore decided to make a more thorough examination.

Accordingly, December, 29th, she was again anæsthetized, and under strict aseptic precaution the cyst was incised, its contents evacuated, and the finger passed into the sac and thence on into the pelvic cavity. The cyst was then found to communicate with the abdominal cavity by an opening through which I was just able to pass my finger, situated just back of the womb. On one side was an ovarian cyst, the size of a large orange, and on the other side was a cyst of the broad ligament of about the same size.

We had now made a sure diagnosis, but what was to be done?

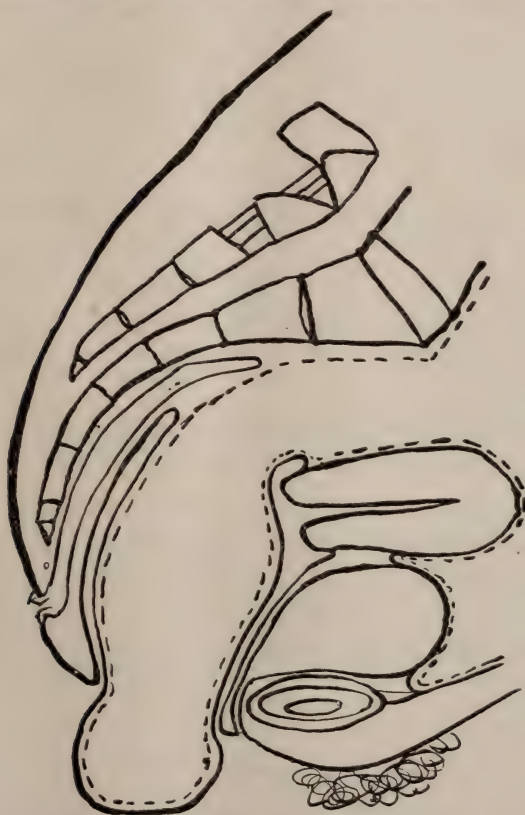
These cysts were adherent, though I did not think the adhesions were dense. But cysts of the broad ligament are not pleasant things to deal with even at the best. My friend, Dr. R. B. Hall, in reporting such a case a few months ago (*Lancet-Clinic*, December 20th, 1890), speaks as follows concerning these operations:

It has been said by men of vast experience that the operation of removal of intra-ligamentous cysts is the most trying, difficult and dangerous of all abdominal operations. They are the cases which die on the table, from shock due to the prolonged operation and loss of blood; or the operator is unable to enucleate all of the cyst, and is compelled to cut away the greater part of it, stitching the base to the lower end of the incision, and not a few thus treated die from sepsis. They are the cases that put to the test the courage and skill of the operator as no other operation with which I am acquainted is capable of doing.



I operated on such a cyst last August, assisted by Drs. McKinley, Nash, Wilson and others, and although my patient made a most excellent and prompt recovery, I fully concur with what Dr. Hall says of the difficulty of the operation.

We knew that our patient would hardly consent to so dangerous



an operation as the removal of these two tumors, and yet her condition was one that demanded relief. I therefore suggested that we try to secure enough local inflammation to cause obliteration of the sac, as in a case of hydrocele of the tunica vaginalis. This course being approved of by Dr. Adams, I dipped my finger into a one to one thousand solution of bichloride of mercury, and repeatedly applied this to the inside of the sac. The incision was

then closed by silk sutures, and the patient placed in bed. As much care was taken to secure quiet, etc., as after any other abdominal operation.

The walls of the cyst became thickened, as inflammatory reaction came on, just as we see after operation for the radical cure of hydrocele, but this was limited to the cyst, and the result was as we had anticipated; the cyst was obliterated, and the patient was cured; at least there has been no return of the trouble up to this time, and she reports herself as in the very best of health.

I report this case for several reasons:

First to ask why do we not more frequently have similar protrusion of Douglas's pouch in cases of ascites? Ascites is common enough, and this would seem to be a weak spot in parietes, and yet I have seen but one case in which this occurred. In that case I could find no cause for this protrusion in the condition of the pelvic organs.

There were no evidences of tumor or of adhesions. I have been unable to find cases among my professional friends.

Second, how common are these cases, when due to tumors? I remember reading of one case, some years ago, in which a small fibroid produced the dropsy, but in that, as I remember it, there was no such projection of the cul-de-sac. With what limited search I have been able to make, I have not found a single other case reported.

Third, I should like to have criticisms of the treatment. The result was successful, to be sure, but this is only *prima facie* evidence of the propriety of the treatment, and I should like to hear from those of larger experience in pelvic and abdominal work, and with a very satisfactory degree of success, I still call myself a general practitioner, and not a specialist.

The accompanying plate illustrates the size and position of the tumor.

## CORRESPONDENCE.

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### AMERICAN ORTHOPEDIC ASSOCIATION.

FIFTH ANNUAL SESSION HELD AT WASHINGTON, D. C., SEPT. 22,  
23, 24 AND 25, 1891.

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#### ORTHOPEDIC SURGERY AS A SPECIALTY.

Dr. A. B. Judson, of New York, in the President's address, said that orthopedic surgery is specially the domain of physical demonstration, where subjective symptoms give place to objective signs, where treatment is mechanical, and where results are recorded in degrees of a circle, and fractions of an inch. It exists and thrives as a specialty, because the general practitioner concurs with the public in committing patients who, from the nature of the case, generally recover with some deformity and disability, to the care of experts.

Dr. N. M. Shaffer, of New York, defined orthopedic surgery as that department of surgery which includes the prevention, the mechanical treatment, and the operative treatment, of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary.

Dr. V. P. Gibney, of New York, proposed a definition as follows: That department of general surgery which includes the prevention, the mechanical treatment and the operative treatment of chronic or progressive deformities.

#### ORTHOPEDIC NOSOLOGY.

Dr. W. R. Townsend, of New York, advised the construction of a uniform nomenclature for orthopedic affections, to facilitate the taking of histories, and to increase the value of reported cases. A committee was appointed for this purpose.

#### THE LATE MR. THOMAS.

Dr. A. J. Steele, of St. Louis, paid a friendly tribute to the late Mr. Thomas, of Liverpool, a Corresponding Member of the Association, whose methods have been so widely discussed and whose influence is felt in many branches of orthopedic practice.

## CRURAL ASYMMETRY AND LATERAL CURVATURE.

Dr. H. L. Taylor, of New York, described two instances in which the leg was two inches, and one and one-eighth inches short respectively. Both cases were in young women. The short limb was larger and stronger, the shortening was chiefly below the knee, and there was no lateral curvature.

Dr. A. Hoffa, of Wurzburg, Germany, described a specimen which proved that in one instance the shortness was due to union of the neck and shaft of the femur at an acute instead of an oblique angle.

Dr. F. Beely, of Berlin, illustrated with specimens of lateral curvature, and ingenious models, the changes which occur in the bodies of the vertebræ preceding rotation, and explaining how the paraspineus sulcus is shallow and broad on the concave, and deep and narrow on the convex sides, a condition which is reversed in the lumbar region by the absence of ribs.

## SPINA BIFIDA AND CLUB-FEET.

Dr. H. A. Wilson, of Philadelphia, related the case of a child of four years. The ordinary methods of reducing the deformity of the feet excited suppuration, which resisted treatment for six months, as long as the patient remained under observation. There were sensory paralysis and deficient circulation in the lower extremities. The same intolerance of surgical treatment thwarted all attempts to treat the spinal tumor.

Dr. L. A. Weigel, of Rochester, had had similar trouble with a similar case, but found that when the child was older, it was possible to treat the deformity of the feet with success.

Dr. A. E. Hoadley, of Chicago, related a case of spina bifida, in which good result had followed an operation in which he did not attempt to repair the vertebral deficiency, but had simply turned up large flaps, and united them by silk sutures.

Dr. T. M. L. Chrystie, of New York, reported a case of congenital equino-varus, with absence of great toe and contiguous bones of the instep. Mechanical treatment speedily reduced the deformity, with a gain of symmetrical gait.

Dr. W. E. Wirt, of Cleveland, related an interesting and unusual case of club-hand and club-foot, with other congenital malformations.

Dr. Hoffa said it was evident that all cases of club-foot do not have the same causation. The cases reported were due to some fault in the earliest stages of development.

## SPASTIC PARALYSIS AND SPINA BIFIDA.

Dr. W. N. Bullard, of Boston, reported a successful operation by C. L. Scudder, of Boston, for the relief of spastic paraplegia in



a child with spina bifida. He thought the paraplegia was not due directly to the spina bifida, but to the accompanying hydrocephalus. He advocated electrical treatment and faradization, rather than galvanism.

Dr. Weigel reported a case in which division of all shortened tissues, and the use of a brace had secured a favorable result.

#### DEFORMITY AFTER KNEE-JOINT EXCISION.

Dr. J. C. Schapps, of Brooklyn, said that after excision, the two united epiphyses make a mass of soft bone in each end of which is inserted a long lever. With this leverage, it is possible to restore and maintain a straight limb by simple mechanical treatment.

Dr. A. M. Phelps, of New York, thought that recurrence of deformity can be prevented by liberal resection of the hamstrings.

Dr. Hoffa said that relapse often occurs from incomplete removal of diseased tissue, and that when excision is done in early life, and all disease removed, marked shortening will not occur.

Dr. Beely said that flexion could be prevented by over-correction, but at the risk of further over-correction as the result of locomotion. Apparatus designed to prevent recurrence of deformity should relieve the limb from the weight of the body.

Dr. Taylor objected to free division of the hamstrings, as those muscles are useful in balancing the pelvis on the femur even after motion at the knee is abolished.

Dr. J. D. Griffith, of Kansas City, had prevented flexion by removing all the disease, and without dividing the hamstrings.

Dr. Schapps said that in many patients under ten years, excision was to be preferred to mechanical treatment.

#### KNEE TROUBLES IN LOCOMOTION.

Dr. Shaffer related a number of cases in which an elongated patellar ligament had caused pain and difficulty in locomotion.

Dr. Ap M. Vance, of Louisville, thought that the ligament might become shorter if not constantly stretched by us. Rest was indicated.

Dr. Gibney cited a case in which rest for one and a half years had not caused shortening.

Dr. Shaffer said his patients had been benefited by giving lateral support, thus converting the joint into a true hinge.

#### ATROPHY IN JOINT DISEASE.

Dr. E. G. Brackett, of Boston, argued that atrophy is due to disease and not entirely to reflex irritation.

Dr. A. G. Cook, of Hartford, said that atrophy of the foot, often very marked, can be only the atrophy of disease.

Dr. J. C. Young, of Philadelphia, believed that the atrophy in question is the result of reflex interference with nutrition. In hip diseases, it appears first in the thigh muscles, especially the abductors.

#### ATROPHIC ELONGATION.

Dr. Roswell Park, of Buffalo, described the atrophic elongation conspicuous in the lower extremity. As the result of disuse from disease, with evidence of pressure on the bone ends, the bone lengthens more rapidly than its fellow. This is illustrated in growing children with disease of the tibia or femur, and is noticeable in some cases of hip disease.

#### TREATMENT OF HIP DISEASE.

Dr. Phelps said that treatment and fixation should be enforced to prevent destructive intra-articular pressure. Ankylosis is the result not of fixation, but of disease. The patient should be put to bed from three weeks to four months, and should then wear the fixation lateral traction splint which was exhibited. Children under three years are placed in the plaster of paris portable bed, which was also shown.

Dr. Wirt exhibited a new device for traction, which the force of the lever is changed into rectilinear instead of circular motion, without key, screw-driver, wrench, buckle, or strap.

Dr. R. H. Sayre, of New York, said the invention gave accurate and easy adjustment in the direction of traction, but in the direction of relaxation, the control was defective.

Dr. A. J. Gillette, of St. Paul, was satisfied with the results obtained by the use of Thomas' splint.

Dr. Vance said he practiced fixation at the hip, but believed much depended on the surroundings of the patient.

Dr. Shaffer believed the best results can be obtained by the use of the long Taylor traction splint. He thought results should not be reported till six years had passed, as relapses were not uncommon.

Dr. Ridlon, of New York, said a splint should secure immobilization by antero-posterior leverage, as in Thomas' splint, by an action identical with that of the Taylor spinal brace.

Dr. Steele approved of the combination of the English method of rest with the American plan of traction.

Dr. Taylor practiced rest in bed with traction in the acute stage, to be followed by a splint which allows locomotion.

Dr. Sayre thought but few cases required lateral traction. When the inflammation had ceased, he applied passive motion. If the pain and tenderness following, last more than twenty-four hours, the passive motion had not been rightly used.

Dr. E. M. Moore, of Rochester, believed that a joint only *moderately* inflamed, demands motion. He employed traction with a certain amount of motion.

## CONGENITAL DISLOCATION OF THE HIP.

Dr. Phelps exhibited apparatus for the treatment of this affection, and described his method and its results.

Dr. E. H. Bradford, of Boston, had modified the apparatus in previous use by adding an appliance with which the patient is allowed to walk about. The joint is thus protected as in convalescence from hip disease. Those appliances he had made of aluminum for the sake of lightness.

Dr. C. C. Foster, of Cambridge, said the best recorded result had been obtained by Dr. Buckminster Brown, whose patient was treated by mechanical means in bed.

Dr. A. Hoffa had operated by deepening the acetabulum, which is practicable from the thickness of the pelvis at this point. At first, he sewed a periosteal flap over the trechanter, but this is unnecessary. Two months ago he examined his first case, two years after the operations, and found a movable joint, freedom from the characteristic gait, and absence of lordosis.

Mr. Howard Marsh, of London, divided these cases into, (1) those in which the bone slips about on the wall of the pelvis, and (2) those in which it is fixed. The majority belong to the second class, and in these, operation is useless, but is more properly applicable to those cases of the first class in which the head is high up and movable. The anterior position is the most favorable, because lordosis, which depends on the backward displacement of the head of the femur is absent.

Dr. Ridlon said that, as subjects for treatment, anterior dislocations are more hopeless than posterior ones.

Dr. De F. Willard, of Philadelphia, said treatment should be by forcible attempts at reduction, to excite inflammation, followed by traction and systematic exercise.

## MALIGNANT DISEASE AND POTT'S DISEASE.

Dr. Judson reported three cases in which Pott's Disease and malignant disease of the vertebræ had been confounded by himself and other observers. In one, the diagnosis was made ante-mortem. The patients were four and a half, thirty-five and forty-two years respectively. The chief diagnostic points are. (1) Deformity present in Pott's disease, absent in malignant disease; (2) Local disability; and (3) Local pain, both absent in Pott's and present in malignant disease.

Dr. Willard had seen two cases in which his diagnosis was confirmed post-mortem.

Dr. Gibney reported a case in a man of forty years, in which he and others had been baffled in diagnosis. There was sarcoma of the fifth and sixth cervical vertebræ.

Mr. Marsh related the case of a child which was extremely difficult to diagnosticate, and which proved to be malignant in character.



## - SYPHILITIC POTT'S DISEASE.

Dr. Ridlon said that in this form, the onset is more rapid, the pain and disability greater, the kyphosis sharper in outline, and abscesses often appear before deformity. If recognized lesions of hereditary or tertiary taint are present, treatment should be by large doses of mercury and iodide of potassium.

Dr. B. Lee, of Philadelphia, referred to cases of this origin, which had come under his observation.

## POTT'S DISEASE IN THE OLD.

Mr. Marsh had observed instances of suppurative tuberculosis in the metacarpus, tarsus, testis, cervical glands, knee and hip in eight patients between sixty-three and seventy-three years. But senile tuberculosis of the spine is most rare. He had seen two cases. The patients were sixty-four and sixty-five years respectively. The College of Surgeons of London possessed an osseous specimen of the action of tuberculosis of the upper cervical vertebræ. In his studies of "Old Case Books," Sir James Paget had recorded a case of Pott's disease in a gentleman of fifty-five, attended with angular curvature.

## POTT'S DISEASE AND PREGNANCY.

Dr. T. H. Myers, of New York, had collected twenty-five cases of labor in fifteen patients recovered from Pott's disease. In no instance did caries recur. But of seven cases in which the disease developed during pregnancy, three died and three were left paraplegic. Normal parturition often follows in cases of deformed pelvis whose measurement would indicate that it was impossible. These patients should be examined by the obstetrician early in gestation.

Dr. Taylor knew of many cured patients whose marriage had been followed by the birth of healthy children.

Dr. G. W. Ryan, of Cincinnati, thought it was a question of allowing the tuberculous to marry. He knew of married women, deformed by Pott's disease, who had borne and raised healthy children.

Dr. Steele said one of his patients recovered from Pott's disease had borne six healthy children.

Dr. Lee said that one of his patients with a large lumbar kyphosis, had borne twelve children who, with the mother are all in good health. He thought Pott's disease, even in the lumbar region, rarely produced narrowing of the pelvis.

Dr. Vance had seen a number of cases in which this deformity had not made labor of more than average difficulty.

## PARAPLEGIA IN POTT'S DISEASE.

Dr. Brackett said that relief from paraplegia may be confidently expected from continuous extension and fixation, even in cases of



eighteen months standing. This should be continued for some time after recovery.

Dr. Young reported two cases of complete recovery, in which there had been absence of sensation, a feature always of grave import.

Dr. Shaffer referred to a case in which the autopsy showed that a portion of the eighth dorsal vertebræ had nearly cut through the cord, leaving but a slender thread.

Dr. Hoffa said that in these cases, the spine should be put absolutely at rest. He had collected thirteen operations within the vertebral canal. Two died at once, two recovered, and would perhaps have done so anyway. In the others, there were immediate good results but relapses soon occurred. The operation has no great future before it, and should be limited to those cases in which the processes alone are affected.

Dr. S. Ketch, of New York, had now under treatment a patient who had been paraplegic for five years, but he still maintained a hope of effecting a recovery.

Dr. Hoffa suggested that an abscess may be exerting pressure on the cord.

Mr. Marsh said paralysis rarely depends on the pressure of an abscess; but (1) on softening of the cord, (2) pressure of displaced sequestrum, and (3) most common, on pressure from exudation. He would only operate after thorough trial of rest.

Dr. Willard said we could not absolutely diagnosticate the cause. When there are extensive inflammatory deposits about the arches, laminectomy may relieve the posterior pressure and allow expansion of the cord.

Dr. Lee said that in all cases of this form of paraplegia, suspension would materially hasten recovery.

#### ABSCESS IN POTT'S DISEASE.

Dr. Townsend thought that, as a rule, these abscesses should not be opened. In some cases, aspiration should be done, and in others, the cavity should be opened and drained to prevent sepsis and danger to life. His views were based on the history of 380 patients, 75 of whom had abscesses.

Dr. Young suggested the division of lumbar abscesses into external and internal, according to their relation to the psoa fascia.

Dr. Vance advocated aspiration, repeated as often as fluid is detected. In this way, he cures three out of five cases. The depot is thus kept small, and the extent of subsequent operations, if necessary, is limited.

Mr. Marsh had rarely obtained a good result by the use of the aspirator.

Dr. Ryan said he had found aspiration to be a poor dependence. When interference becomes necessary, he believed incision to be the most conservative and effective procedure.

Mr. Marsh said that in his observation, it is best to open freely, evacuate thoroughly, and then apply pressure to assist in closing the cavity.

Dr. B. E. Hadra, of Galveston, said that on general surgical principles, such abscesses should be evacuated.

Dr. Willard would let dormant and cascating foci alone, liquefying collections, he would aspirate and inject with iodoform emulsion, and if true pus were present, he would incise, wash out with sublimate solution, and avoid undue manipulation which might cause fissures which would let the tuberculous poison into the system. He would then suture the incision, and inject iodoform and boiled olive oil.

Dr. Bradford said that, while he did not think the danger from opening large abscesses was so great as had been thought by some, he was aware that absorption of such abscesses is not at all uncommon.

Dr. J. E. Moore, of Minneapolis, said the evacuation of a spinal abscess is a matter of great surgical responsibility, as it is an aseptic cavity, difficult to protect from infection after operation.

Dr. Hoffa would open only those abscesses which cause severe pain, or are likely to give rise to septicæmia.

Dr. Lee would never open an abscess of this kind unless compelled to by the conditions mentioned by the last speaker.

Dr. Ketch said there was danger that in our anxiety to treat a secondary feature, we neglect the disease itself.

Dr. Shaffer would not say that incision was never advisable, but generally it is wrong to open one of these abscesses. A very large abscess cannot be washed out, and its disappearance may be confidently expected, especially if efficient mechanical treatment is practicable.

Dr. Myers said that it was proven, (1) that it is impossible to completely remove bacilli from the abscess cavity, and (2) that bacilli-infected wounds at times, heal primarily. Infection is more imminent after incision, because the wound lays open channels of absorption.

#### WIRING THE VERTEBRAL PROCESSES.

Dr. Hadra suggested that the spinous processes at the seat of the disease be exposed and then firmly wired together to secure rest, and prevent deformity. The operation as he had performed it for fracture of the cervical spine, was extremely simple and effective.

Dr. Sayre thought the wires would not bear enough force to remove the weight from the vertebral bodies, and that outside protection would be necessary to prevent lateral and rotatory disturbance.

Dr. Judson thought it was a question whether wiring was applicable through the long periods in which consolidation is de-

layed. Intolerance of the skin always prevents such pressure as we would like to make on the kyphos. The method proposed circumvents this difficulty.

Dr. R. Whitman, of New York, said that due consideration be given to the difference in development between the growing and adult spine.

Dr. Ketch did not see how the proposed operation could take the place of apparatus.

Dr. Moore said it was a most simple and harmless procedure and notwithstanding the theoretical objections, he would accept the first favorable occasion to try it.

#### PROGNOSIS AND TREATMENT OF POTT'S DISEASE.

Dr. Ketch had learned from 75 cured cases, that in length of treatment and degree of deformity, the upper region of the spine is most favorable, and the middle least of all, that paraplegia more frequently accompanies disease in the upper than in the lower regions, and that cases of traumatic origin, recover sooner than those of tubercular origin. Sudden deaths sometimes occur in cervical caries from interference with respiration.

Dr. B. Bartow, of Buffalo, said that the earliest important sign in the dorsal and lumbar regions, is lateral curvature, dependent on nervous tenderness. Apparatus should be constructed to oppose the rotation accompanying the lateral curvature, as well as the antero-posterior deformity. He used the plaster of Paris jacket applied to effect the above objects.

Dr. Foster said that extension in bed is the best method in the acute stage. Extension should be made by light weights, the cords leading over the head and foot of the bed and attached to waist-belts, chest-belts, and head-straps.

Dr. Weigel reported a case of cervical Pott's disease, with abscess and paraplegia, successfully treated by extension in bed.

Dr. Ridlon had kept patients in bed from three to four years, and had never seen a case which was not benefitted generally and locally.

Dr. Ryan said recumbency was the ideal treatment, but it is in many cases impracticable. He had found split plaster jackets efficient after the acute stage.

Dr. Lee said that many years ago when the plan had fallen into entire disuse, he was the first to adopt suspension from the practice of Dr. J. K. Mitchell. The apparatus was Le Vacher's head support and jury-mast, attached to a chair or go-cart, or to a doorway spring.

Dr. Sayre said that in the cervical and upper dorsal region, a metal posterior splint supported on the pelvis should be used with a jury-mast, and in the lower dorsal and lumbar regions, a plaster of Paris jacket with a jury-mast. Recumbency should be practiced in the acute stage; children should be placed in the wire cuirass.



Dr. Ketch had been disappointed with the plaster of Paris and jury-mast in the cervical and upper dorsal region. He commended the Taylor apparatus and chin-piece. In the lumbar region almost any supporting apparatus will secure a good result.

Dr. Taylor said that the antero-posterior lever secures rest and protection and combats deformity. Old and neglected cases are especially amenable to treatment, as ankylosis is later and rarer than is generally supposed. Abscesses and paraplegia do not forbid a favorable prognosis.

Dr. Bradford said that the plaster of Paris jacket was the readiest method, but had its disadvantages, that a steel brace gave better support, but demanded more skill and care, and that recumbency was the surest way to prevent deformity, but, as a rule, was impracticable for the long periods covered by the disease.

#### TYPHOID SPINE.

Dr. Gibney reported an additional case of typhoid spine, in a man of forty-five years, in which, different from the cases previously reported, there was marked deformity in the cervical region, dating back to typhoid fever at the age of twenty-two. Two years of pain and disability had immediately succeeded the typhoid attack. Usually, the symptoms had not appeared till one or two months after the fever.

Dr. Hadra recalled an epidemic of typhoid with so much tenderness on pressure of the vertebræ, that the affection was at first thought to be meningitis.

#### RHEUMATIC SPONDYLITIS.

Dr. Ryan said that this rare affection should not be confounded with rheumatoid arthritis of the spine. It is usually accompanied by rheumatic manifestations elsewhere. In the early stage, the symptoms resemble that of tubercular spondylitis. Later, the deformity is not angular but resembles that of senile kyphosis. Treatment should be directed to the relief of pain by support, cautery, and medication. In the chronic form, when pain has lessened, mobility should be encouraged by passive motion.

Dr. Hoadley deplored the confusion which is found in the nomenclature of these conditions which produce such a variety of results. He thought both rheumatism and osteo-arthritis were microbic diseases. If ligamentous structures interfere with motion, passive motion was proper.

Dr. Lee was reminded of a case which was at first thought to be spinal myalgia, but which proved to be gouty disease of the cartilages, an infrequent affection. Apparatus afforded relief but of course not a cure.

Dr. Ryan said that gouty spondylitis is generally attended by manifestations in other parts of the body. He had failed to state that his patient had limited respiratory movements.



Dr. Vance related a case in which there was, in addition to the spinal affection, complete immobilization of the thorax with chiefly diaphragmatic respiration.

Dr. Bartow had seen a case in which relief was afforded by the spinal jacket.

Dr. Gilette reported a case which, at the first glance, resembled the deformity of Pott's disease, but which proved to be rachitic in its etiology. Improvement followed a few days after suspension was begun.

#### TORTICOLLIS.

Dr. Whitman inferred from the study of 264 cases, that torticollis was more frequent in females than in males, and that the two sides of the neck were equally liable. Acquired torticollis, being often the result of suppurating cervical glands, should be treated at first by mechanical support to secure rest and prevent deformity. Later, division of contracted parts, with careful after-treatment, should be practiced.

Dr. Hoffa said that cases of foetal origin have immediately after birth an atrophy of the face and head.

Dr. Whitman thought that the symmetry of the face and head was a late feature of torticollis due to muscular action on the growing bones.

#### SACRO-ILIAC DISEASE.

Dr. Lee said the sequence of events is as follows: (1) injury of the synchondrosis; (2) subacute inflammation; (3) irritation of the nerves of the joint, transmitted to the nearest plexus; (4) resulting pain in the sciatica. The sciatica should be considered the result, not the cause, of all the trouble. In nine cases out of ten, neuralgia is the effect and not the cause of any trouble. As stooping in sacro-iliac disease is injurious, he had devised a handy instrument with which the patient can pick up an object from the floor while remaining erect.

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#### ELECTION OF OFFICERS.

Dr. Benjamin Lee, of Philadelphia, was elected President, and Dr. John Ridlon, of New York, Secretary for the ensuing year.

# CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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TWO DOLLARS PER ANNUM IN ADVANCE.

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VOL. VI. begins with November, 1890. Subscriptions can begin at any time.

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*Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.*

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## EDITORIAL.

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### TO SUBSCRIBERS.

The editors of the GAZETTE have no private axes to grind. They are under no obligations to proprietary medicine firms or publishing houses, and their only ambition is to publish a medical journal useful and creditable to our profession in the great city of Cleveland, as well as the medical profession of America. Judging from the many flattering testimonials and kind words of encouragement frequently received, we are succeeding in presenting a periodical acceptable to our readers. In occupying this independent attitude towards publishing houses and proprietary medicine firms, we are obliged to depend very largely upon our subscribers for support, and we hope that all those who have not remitted the amount due us will do so at once, as it will enable us to enter upon our seventh

year much more auspiciously, and add some contemplated improvements. By referring to the list of contributors of the past year published in this number, you will admit the assertion that no other similar journal publishes as much original matter of equal value, and we also believe that our other departments present a cleaner, healthier atmosphere than is often found in the medical periodical. Our "Among Our Exchanges" is an original review of American periodical medical literature, unsurpassed for conciseness, and yet covering a wide variety of topics. Our "Periscope" presents original translations of the latest thoughts of the best foreign writers. Our "Book Reviews" are careful and independent. We have ever endeavored to recognize the merits of an author, and have never been afraid to make adverse criticisms of unworthy books. Our "Pamphlet Notices" are always favorably commented upon, and our "Notes and Comments" we believe are unsurpassed for pith, range and originality and our "Correspondence" always interesting and readable. Editorially we have tried to keep our readers posted as to matters pertaining to the general welfare of the profession, such as medical legislation, medical literature, medical education, etc., and to stand fairly and squarely upon our best conception of the right.

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#### THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

The second tri-annual meeting of this Association recently held in Washington, was one of the most successful, from a scientific standpoint, ever held in this country.

As an example of the amount of work done, we present our readers this month with a complete report of the American Orthopedic Association. We think Dr. Judson and his associates deserve the palm for the amount of work accomplished in the reading and discussion of sixty-seven papers. Almost an equal number of

papers were read before each of the other fifteen associations which composed this congress, with probably the exception of the American Gynaecological Society, which adjourned on the second day, having completed all the work before it. It seems that almost all the enthusiasm on this subject was expended at the meeting of the American Society of Obstetrics and Gynaecology which met in New York the week before.

It will be remembered by our readers that three years ago, when the formation of the Congress of American Physicians and Surgeons was proposed, the American Gynaecological Society refused to take part, and as a result the new society was organized, which resulted in forcing the older organization into the Congress. This is one of the dangers to be avoided in the future, as we believe the organization of rival societies does not contribute to the best interests of the profession.

If anyone went to Washington anticipating "a good time," he must have been greatly disappointed. The excessive heat, combined with the abominable drinking water, caused nearly every one to suffer from an attack of diarrhoea, which prevented many members from taking part in the scientific work of the Congress, as well as participating in the social entertainments provided. It is said that at one dinner party, but four out of a large number invited, were able to be present.

There was a strong sentiment expressed against the provision of the constitution which makes Washington the permanent place of meeting of the Congress. This is greatly to be regretted, as there are so many reasons why Washington is better adapted for such meetings than any other place. The public buildings, museums, art galleries, excellent streets, beautiful drives, ample hotel accommodations and the unbounded hospitality of the citizens make Washington the ideal city for such gatherings.

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We are in receipt of the introductory chapter of a new medical book which is soon to be issued in Cleveland, from the pen of Dr.



C. Sihler, who is well known to the local profession, and also through his valuable original contributions to the readers of the GAZETTE. The purpose of the forthcoming volume is "to induce and enable the medical profession of the United States to use the hydriatic method in the treatment of typhoid fever.

"I think," writes Dr. Sihler, that any one inclined to try the method would feel the want of a book which might enable him to become thoroughly familiar with the details of the method, to enter fully into the views of the masters of the art, to give him a rationale or at least a theory of its mode of action, to inform him about modification necessary in special cases, to detail to him a number of typical, illustrative and unusual cases, and to state the results obtained by others. There are now in existence excellent books in other languages meeting such demands, the latest one by the French professors and physicians Tripier and Bouveret. The author then states that he suggested a translation of a standard work to six different publishers who all declined on the ground that it would not find a market. He continues: "While the answers from the publishers were discouraging, showing the lack of interest in this question amongst the profession of the United States, they on the other hand were a source of stimulation to fresh activity, inasmuch as they revealed the fact, that there was here a chance for missionary work in a field which promised many good results. I therefore concluded to publish at my own expense a little volume presenting such points, as I myself, when undertaking the use of the method, was desirous of having access to, and which would enable any one to undertake and begin using the method. Tripier and Bouveret have kindly allowed me to make translations from their book and Dr. Brand has sent me from his library books otherwise difficult to obtain.

The volume then is essentially a compilation (1) from the work of Tripier and Bouveret, *La fièvre typhoïde traitée par les bains froids*. Paris, Baillière et fils, 1886, the German translation of which Dr. A. Pollak, (*Tripier and Bouveret, Die Kaltwasserbe-*

*handlung des Typhus*, Arnoldische Buchhandlung, Leipzig, (1889,) was used in the preparation of this work ; (2) from Brand, *Die Wasserbehandlung der typhösen Fieber*, 2. Auflage, Tuebingen 1877, Laupp'sche Buchhandlung, (3) from the writings of Vogl, the most important of which have been published in the *Deutsche Archiv fuer klin. Medicin*, Bd. 36, 37, 43, 44 and in other journals. It would of course have been just as easy a task, if not easier, to use my own words in reporting the work of others, but those, who should feel inclined to use the book as a guide, will undoubtedly do it with more confidence, if they can read the *ipsissima verba* of masters in the art, and I hope this fact will not detract from the value and usefulness of the book. Undoubtedly there are other men more competent for this task. But when the Priest and the Levite pass by, without noticing a good thing along the roadside, the Samaritan may be excused for taking hold of the case. In my opinion, a book of the kind I present here, should have been made accessible to the medical profession of this country ten years ago, because Brand's second edition was published in 1877, and this book gave the results of over 8000 cases, the observations having been carried on over a number of years and by numerous competent observers, clinicians and private practitioners, civil and military physicians, the reports of all these observers speaking in favor of the method.

We hope to see Dr. Sihler's work received in a spirit of professional zeal, widely distributed and read, and that it may be the means of an extensive, thorough, careful and impartial trial by American physicians of the method which it is claimed has never before been properly and adequately described in the English language.

## PERISCOPE.

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### THE EMPLOYMENT OF LACTIC ACID IN GREEN DIARRHŒAS.

Dr. Thomas. Rev. in *Schmidt's Jahrbücher*, p. 47.

Lesage distinguishes two kinds of "green diarrhœas." The first arises in connection with excessive biliary secretions, whose cause is not yet explained, and is especially frequent in the first youths of life. After this time it is found usually in tuberculous children. The discharges are increased, very acid, and react to Gmelin's test. These cases are treated most efficiently with alkalies.

The second form is caused by a bacillus and is most frequent from the age of two months till that of eighteen months. Digestive disturbances and constipation favor its development, but occasionally it arises in the fullest enjoyment of health.

It is contagious and may occasion epidemics. The stools are very watery, yellow-green to dark green in color, sometimes neutral, occasionally acid, and lose their color when Gmelin's test is applied. Severe cases may assume a distinctly cholera-like character. In just these cases lactic acid has proven especially beneficial. Thomas prescribed this agent with very good effect in fifty cases of dyspepsia with green diarrhœa. The formula was :

R <sub>x</sub>	
Acid. Lactic,	mxl
Syr. Simp.	fld. ℥v
Aq. Dest. q. s. ad.	fld. ℥iv
Sig. a teaspoonful six times a day.	

In simple cases this sufficed. In severer attacks, correspondingly greater dosage was employed.

Inasmuch as lactic acid coagulates milk, each dose should be

given at least half an hour after taking nourishment. Vomiting and diarrhoea cease very quickly, yet it is well, even after improvement has begun, to continue the remedy for a day or two. No statistics are offered.

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## THE TECHNIQUE OF MASSAGE.

DR. ZABLUDOWSKI.

The forms of disease to which Z. wishes to direct attention with reference to the use of massage, are :

1. Traumatic neuroses, with scars from the original injury, productive of nerve disturbances, that is to say, cases in which an individual changed by disease, reacts in an abnormal fashion to the bodily ailment.

2. Affections of the peripheral nerves ; (neuritis and perineuritis) especially of traumatic origin.

3. Nervous dyspepsia with constipation, increased formation of gas and tenderness of the abdomen, caused by displacement and pressure upon the intestines, with or without a floating kidney.

In the cases of traumatic neuroses in which the simple touching the scar produces a severe pain. Z. recommends leaving the injured spot entirely alone at first.

One should begin the mechanical manipulation as far as possible from the scar and should work gradually from the center toward the periphery. At each treatment gradually approach the neurotic field, and thus, in three or four treatments it will be possible to directly seize the scar without producing any irritation, which tends to the development of cramp or similar effect. In cases in which massage works very promptly, the result is to be explained by psychical influence. In diseases of the peripheral nerves, (neuritis and perineuritis, paralysis of single nerves and muscles) which occur especially in the extremities, it is desirable to effect the reserptive processes, and to establish a "dynamic effect." Z. recommends here a method which enables us to influence the



deeper structures without much irritation. This is intermittent pressure which is exercised by the hand of the masseur making centripetal rolling motions.

In conclusion Z describes a method which he applies for constipation due to atony of the bowel, whether it be with general nervous phenomena, or with severe pain and distention of the abdomen, high fever and giddiness. Inasmuch as we have to do with a local mechanical obstruction to the movement of the intestinal contents, a mechanical treatment is naturally the one which first attracts attention. Z conducts massage according to a method of his own, which requires the knee-elbow position.—*Review in Schmidt's Jahrbücher* p. 30.

## AMONG OUR EXCHANGES.

Following the eminent example of DR. KOCH with his *tuberculin*, DR. KEELEY (not of Keeley motor but of Keeley alcoholism cure fame) prefers to keep the composition of his "sure cure for drunkenness" secret. To the editor of Chicago Advance (it is refreshing to see how prone discoverers of this stripe are to unbosom themselves to the sympathetic editors of the religious press and the amount of free advertisement they are able to get in this way) he said :<sup>1</sup> "If I were to give this secret to the world before the success of the remedy has compelled recognition and acceptance, it would be at once assailed by a whole class of theorists and prejudiced critics, and the question of its usefulness would change from one of facts to one of theories. Then again I know how to use the remedy. I have made a study of the subject through my whole professional career, and after years of observation, investigation and experiment, I have discovered how to apply this cure to the physical effects of alcoholism. Others using it without my care, knowledge and experience, would, perhaps in many cases make a failure of it. Then they would attempt to discredit

1. Advance, October 8, '91.

it. \* \* \* I expect at some future time to give the remedy to the world." "You say," remarked the religious editor in search of medical information, "that bi-chloride of gold is the remedy, where then, is the secret or proprietary part of this matter?" "Metallic remedies must be controlled;" was the reply. "It is sometimes just as important to know how to get rid of a remedy as it is to get rid of the disease which the remedy attacks. Bi-chloride is a poison. The man who prescribes it must know what eliminator to put on its track," and so, like his prototype, DR. KOCH, DR. KEELEY sends out his bottles of "sure cure for drunkenness," in which the terchloride of gold and sodium, well known as a standard remedy in neurasthenic conditions is presumably combined in proper proportions with the Keeley patent eliminator. That the eliminator is powerfully efficient, there can be no doubt, for a careful analysis of the preparation sent out by DR. KEELEY shows that not one particle of gold is left in it by the time it has reached the patient.<sup>1</sup> The cure, so-called, is in all likelihood due to hypodermic injections of atropine taken in connection with a tonic treatment of cinchona, strychnia, etc. in addition to the well known advantages that come from putting a patient under such care as a well regulated sanitarium affords. But, for the life of us, we cannot see how the American profession that unhesitatingly tried the proprietary *tuberculin* of whose composition they could only guess, and lauded its author to the skies; that has accepted without question the testimonials of every Von Humbug as to anti-this and anti-that--foreign proprietary articles of whose composition and physiological effect they were absolutely ignorant--and killed off scores of too confiding American patients before they ascertained the dangers attending the use of those substances; the American medical profession, we say should not be too hard on the native quack for following in the methods which have proved so profitable both in reputation and purse to his foreign prototypes. The fallacy in the claims made for these

1. Times and Register.

“cures of drunkenness” based on the fact that after the “cure” all desire for drink has ceased, lies in this, that in the ordinary course of paroxysmal inebriety the patient has no desire for liquor after the paroxysm is past and often even abhors every form of alcoholic beverage—the remedy used is not entitled to the credit for that—nor is the fact that the patient abstains wholly from liquor for a month, or six months, or a year even, any evidence of a cure—they all do between paroxysms. An item is going the rounds of the medical press just now to the effect that DR. ERGOLSKI has cured ten cases of chronic alcoholism<sup>1</sup> by means of repeated hypodermic injections of from one to three milligrams of nitrate of strychnia. Unquestionably full doses of strychnia are excellent in these cases and doubtless the doctor is sincere in his statement, and really believes that his patients are cured, but in weighing the credit to be given the evidence, we must always bear in mind the natural history of the disease, which is a form of neurasthenia with a recurrent craving accompanied by a delusion. No matter how thorough the “cure,” any prolonged over-expenditure of nerve force, whether in work or worry—any prolonged over-excitement, religious, political, social or otherwise, will bring on the craving and with the craving comes the delusion to the effect that now, since he is “cured” he can take just what he needs and stop. With this comes the impulse to try it and see if it isn’t so. Usually the patient yields to the impulse and then begins the ineffectual struggle to stop and it is only a question of time till he is ready to be “cured” again. There is force, however, in this observation of the editor of the Times and Register, anent the discussion. “Before raising an outcry against this and similar quacks we would say to each physician who bewails the loss of a patient cured by these people: ‘Have *you* searched through the books and journals to find all the advances made in the treatment of alcoholism since you were a student? If you have not done this, do not blame the patient who obtained from a quack

1. *Vratch*, No. 10, '91.

what you were too careless to give him.' The facts regarding this disease as shown by the evidence, are, that while we can abort a paroxysm, and brace a man up so that he can attend to his business, to tell him he is "cured" begets a false security which renders him careless about those necessary precautions as to overwork or over-excitement, etc., which, when the reserve nerve force has been drawn on to a certain degree and brought below a certain level, are as sure to occasion a paroxysm of inebriety—as in other neurasthenics such excesses result in migraine or neuralgias of all sorts.

DR. J. CHRIS LANGE, of Pittsburg, Pa., in his address before the meeting<sup>1</sup> of the Pennsylvania State Medical Society, makes the following statement regarding the anilides. "I venture the assertion that the time is near when it will be clearly established, that, in the infectious fevers and inflammations, the higher the temperature the more certain the disaster which follows the administration of the anilides. That their analgesic power, which is limited to neuralgias of the face and head, is not as certain to follow their exhibition as is the cessation of such pain consequent upon the application of a leech, the administration of a cardiac sedative, an antacid for the stomach, purgation, or the diaphoresis and slight nausea of antimony, and finally that the alleged 'pure hypnotics'—barring those containing chloral and possessing all the untoward effects of chloral—will take the rank, but no higher rank, held by the hop pillow." His caution it is well to bear in mind when tempted to give the anilides to reduce temperature, and the remark of DR. R. S. GREGG, of Texas,<sup>2</sup> before the Austin District Medical Society, when discussing these preparations as adapted to use in country practice: "In several instances when I gave antifebrin I had cause to regret it. \* \* \* After giving such a mixture (i. e. antifebrin and quinine) if a country physician rides eight or ten miles to see his patient and finds the temperature down to 100° or

1. Pittsburg Med. Review, Aug. '91.

2. Daniel's Texas Med. Jour., Aug. '91.



even normal and tells his patient that it will not be necessary to repeat his visit, he may feel rather chagrined to hear in a day or that a brother physician has been called in to the case that he cured," embodies an experience by no means unique. Nevertheless unquestionably good effects are found to follow the judicious exhibition<sup>1</sup> of the anilides in certain obstinate cases of epilepsy; and DR. L. HARRISON METTLER, of Chicago, reports excellent results from the giving of full doses of antipyrin in the paroxysmal stage of *whooping cough*, a dose of two grains three times a day with an extra dose at bed time to a child of five years reducing the paroxysms to from two to three in the twenty-four hours, thus confirming the statement of SONNENBERGER as to its value in such cases. Having seen on our own part excellent effects from acet-analid in quieting the *teasing cough of neurasthenics*, we do not question that this class of remedies may, on further trial, be found fairly reliable in controlling the paroxysms of *whooping cough*. If it be found to work kindly in those occasional cases where *picrate of ammonia* fails, we shall be profoundly thankful.

Flushing the colon with hot water after each passage<sup>2</sup> seems to be growing in favor as a treatment for *acute dysentery*, the patient being placed, of course, in the Sim's position but on the right side and the water, weakly salted and as hot as can comfortably be borne, being allowed to flow in from a fountain syringe to the amount of from two to four quarts, always ceasing when the injection produces pain. When the hot water has been expelled, it is well to charge the syringe with half a pint of water in which has been dissolved five grains each of chloral and sulpho-carbolate of zinc, let it flow into the rectum and be there retained, the patient keeping in the recumbent position. For children under five years, a grain of chloral and a grain of sulph-carbolate of zinc should be used for each year. This treatment does not preclude any systemic treatment which may seem indicated.

L. B. T.

1. Jour. Am. Med. Association, Aug. 15, '91.

2. Med. World, Aug. '91.

## NEW BOOKS.

For sale by P. W. Garfield, Cleveland, Ohio.

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**PRACTICAL INTESTINAL SURGERY.** By F. B. Robinson, M. D., Professor of Anatomy and Clinical Surgery, Toledo Medical College, Toledo, Ohio.

This volume is published by Geo. S. Davis, Detroit, Mich., in the Physician's Leisure Library series. The material is drawn from 172 experiments on dogs, and various observations and experiments on the human cadaver. The possible injuries to the abdominal viscera, notably the intestines, are studied. The established surgical procedures are elaborated and new ones invented, the most important of which is the rawhide plates used in intestinal anastomosis. A number of observations are made upon the potency of the illeo-cæcal valve. This volume cannot fail to interest those who believe in the advance of surgery through experimental research. The material from which the conclusions are drawn is abundant and well arranged.

**A CLINICAL TEXT BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS.** Based on the most recent methods of examination. By Oswald Vierrordt, M. D., Prof. of Medicine at the University of Heidelberg, Etc., Etc. Authorized translation from the second improved and enlarged German edition, with additions. By Francis H. Stuart, A. M., M. D., Member of the Medical Society of the County of Kings, Etc., Etc., with one hundred and seventy-eight illustrations, Phila., W. B. Saunders, 913 Walnut St., 1891. 700 pages; price, cloth \$4.00, sheep \$5.00.

This is an exceedingly systematic, thorough and accurate work, and yet it has the charm of clinical teaching. It presents all the great facts and principles very fully, then adds the practical details which are usually so hard for the student to acquire from various scattered sources. Methods of examination by the various instruments of precision are taught, electrical, microscopic and ophthalmoscopic diagnosis being included. The micro-organisms which have been identified in connection with disease processes are appropriately presented, this portion of the work, as well as some

others, being illustrated by colored plates. The translator has added some judicious comments and has greatly added to its original value by preparing a copious index. We wish all makers of books would consider the value of a complete index. Many really sound and able books are nearly useless to a busy man for want of an index or time to search through the volume for the portion desired. This is the best indexed book we have seen for some time.

**A TREATISE ON DISEASES OF THE NERVOUS SYSTEM.** By William A. Hammond, M. D., Surgeon General U. S. Army, (retired list,) late Professor of Diseases of the Mind and Nervous System, in the College of Physicians and Surgeons of New York, Etc., Etc. With the Collaboration of Græme M. Hammond, M. D., Prof. of Diseases of the Mind and Nervous System, in the New York Post Graduate Medical School and Hospital, Etc., Etc. With one hundred and eighteen illustrations. Ninth edition, with corrections and additions. New York, D. Appleton and Company, 1891.

The first edition of this work was issued in 1871, and during twenty years the succeeding editions have received the favor of the profession, both at home and abroad, having been translated also into the French, the Italian and Spanish languages. In the present edition the author has been assisted by the junior Dr. Hammond in a thorough revision, and advancement of the treatise up to the latest progress in that line. Several new chapters have been added.

**SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.** By Richard C. Norris, A. M., M. D., Demonstrator of Obstetrics, University of Penna. Physician to the Methodist Episcopal Hospital, Obstetrical Registrar Philadelphia Hospital. Second edition. Price, \$2.00 net. W. B. Saunders, 913 Walnut St., Phila, 1891.

The title of this little volume reveals its character. It was written for and dedicated to the medical class of the University of Penna, and its use has been found by them to be better than taking notes of the lectures. Doubtless medical students everywhere will find it useful as it gives the outlines of a complete course on obstetrics. It is interleaved with blank pages for additions of writing, and is logically and conveniently arranged.

**TEXT BOOK OF OPHTHALMOSCOPY.** By Edward G. Loring, M. D. Edited by Francis B. Loring M. D. Part II. D. Appleton & Co., New York, 1891.

We noticed in the *GAZETTE* the first part of this work which appeared more than five years ago. In April, 1888, the talented

author suddenly died before the completion of this volume. We feared the untimely death of Dr. Loring would prevent the completion of this work, which on the whole is the most creditable on ophthalmoscopy yet published by an American author, but fortunately he had already completed notes and drawings enough to complete the second volume. The present editor, Dr. B. F. Loring has published the work almost as he found it in the penciled notes of the author. The book before us is characterized by the original drawings and elaboration of clinical cases coming under the observation of the author, which characterized the former volume. The subjects treated in this part, are diseases of the retina of the nerve and choroid, their varieties and complications.

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## NOTES AND COMMENTS.

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*The following story told* at the banquet of the Orthopedic Association given in honor of their guests at the recent meeting in Washington, will bear repeating:

"The members of the staff of the Hartford General Hospital make up what they lack in knowledge by the dignity of their bearing and have thereby gained the highest esteem and respect of the hospital orderlies.

Some time past in an isolated ward were two patients, one a very nervous and timid fellow, the other a very sick man. The very sick man died and the timid fellow lay trembling with fear in a bed near by him. To relieve the timid patient of his unattractive companion and for sanitary purposes, etc., the orderly was told to remove the corpse to the dead-house. The orderly proceeded to obey with alacrity and on entering the room found two men, one the corpse—lying on his side, knees drawn up, apparently asleep; the other—the timid chap—stretched out stiffly with the sheet pulled up over his face. Naturally supposing the one with the sheet spread over him to be the corpse, he proceeded to remove him. The fellow, quaking all over with fear, finally groaned: "Oh! don't, don't take me, I'm not dead." Whereupon the orderly in disgust blurted out: "What in h——l's the matter with you? Do you think you know more than the doctors?"

This story reminds us of one that is told of old Prof. Ackley, who, as was his custom, was making some dissections in an out-of-



the-way building at night, several young medical students thinking to have some sport at the expense of the professor, removed the corpse from the box in which it was kept and one of their number took its place and when Ackley appeared and was about to open the box the student commenced groaning and said "I am not dead," whereupon Ackley responded as only Ackley could, "Well d——n you, you will be soon." It is said the student was so badly frightened that he never recovered from it.

*Amoeba's Lover.*—(This poem was handed to us by a medical gentleman who desired it published anonymously. We think the poem a good one, and indicates a thorough knowledge of modern medicine :

A neat bacillus, with rounded ends,  
Was seen by means of a powerful lens,  
Moving with undulatory grace  
Through a fashionable tympatic space.  
His graceful appearance would take with some,  
As he picked his teeth with a flagellum ;  
Though he flirted in a way to shock us,  
With every common gonococcus.  
His manners were good, every one knew it,  
For he'd been through a fine culture field ;  
But his tailor's efforts were all in vain  
To collect a bill for his germ's membrane.  
His mind was filled, one might say wholly,  
With thoughts of sweet Amoeba Coli ;  
Her mobile form, 'twas his conjecture,  
Languished within the sigmoid flexure.  
So hurrying through an abscess rancid,  
To an artery of rapid transit,  
He took, in a depot of congestion,  
A blood-disc bound for the large intestine.  
In the parlor-car he chanced to see  
A plasmodium malariae.  
A pretty picture seemed to make  
As she fed her spores on ague-cake.  
And then he thought of the bliss in store,  
Of Amoeba and a baby spore ;  
And how they'd dwell in a saccule neat  
In a calm and scybalous retreat.  
But just as he reached Amoeba's door  
He heard a protoplasmic roar ;  
And there, repulsive in his sight,  
Was a hungry, savage phagocyte.  
His mouth was large and his words profane,  
So our hero drew his good ptomaine.  
"Swish ! snap !" went a pseudopodic jaw,  
And "gulp !" went a phagocytic maw ;  
While his mistress saw his a vacancy  
Where her loved bacillus used to be.  
Then Amoeba, with a doleful shiver,  
Went far away to the dismal liver.

—Cincinnati, Lancet-Clinic.

*Puzzled.*—An elderly lady who was handling a set of false teeth in the dentist's office, asked, "Can a body eat with these things?" "My dear madam," replied the consultant, "mastication can be performed with a facility almost equal to nature itself." "Yes, I know all that," answered the old lady, "but can a body eat with them?"—*Dental Jarius*.

*A young doctor, wishing to make a good impression upon a German farmer, mentioned the fact that he had received a double education, as it were. He had studied homeopathy, and was also a graduate of a "regular" medical school. "Oh, dot vas nodding," said the farmer; "I had vonce a calf vot suckd two cows, and he made nodding but a common schteer, after all."*

*What did Shakespeare die of?*—There is a tradition of very respectable antiquity, says the Medical Times, that he died of a fever contracted through going on a drinking bout with Ben Johnson and other boon companions. Mr. J. F. Nisbet in his new work, "The Insanity of Genius," discusses the question from an entirely new point of view, that of pathology. In the author's opinion, Shakespeare died of paralysis, or some disease akin to paralysis. The signature to the will he holds, affords strong presumption to this, but he has also other facts to adduce in support of this theory. In 1657, Dr. Hall's cure-book was published by James Cooke, "a practitioner in physick and chirurgery." Dr. Hall, as is well known, was Shakespeare's son-in-law, and his book proves beyond doubt that nervous disease existed in Shakespeare's family, a fact which Mr. Nesbit considers accounts for the short average duration of the lives of its members, and the speedy extinction of the line of Shakespeare's direct descendants.—*St. Louis Medical and Surgical Journal*.

*Fame.*—He swore long ago to succeed in life, and the crown that he now wears is not dim, for a race horse to-day is named for his wife, and a tug-boat is named after him.—*Puck*.

*Hair Influenced in its Growth by Diet.*—Several cases of shedding of hair after influenza, has confirmed the opinion of Dr. E. C. Mapother (Brit. Med. Jour.) that diet has much to do with the protection and with the cure of symptomatic alopecia.

Hair contains five per cent. of sulphur, and its ash 20 per cent of silicon and 10 per cent. of iron and manganese. Solutions of beef or rather part of it, starchy mixtures, and even milk which constitute the diet of patients with influenza and other fevers, cannot supply these elements and atrophy at the root and falling of hair results. The color and strength of hair in young mammals is not attained so long as milk is their sole food. As to drugs, iron has prompt influence. The foods which most abundantly contain the above named elements are the various albuminoids and

the oat, the ash of that grain yielding 22 per cent of silicon. With care these foods are admissible in the course of febrile diseases when albumen is the constituent suffering most by the increased metabolism.

Dr. Mapother has often found a dietary largely composed of oatmeal and brown bread, greatly promotes the growth of hair, especially when the baldness was preceded by constipation and sluggish capillary circulation.

Those races of men who consume most meat are the most hirsute. Again it is well known in the zoological gardens that the carnivorous mammals, birds and serpents keep their hair, feathers or cuticle in bad condition unless fed with whole animals, and the digesta contain the cuticular appendages of their prey in a digested or partly digested state. It is also a well proven fact that a closely restricted diet, cheese for instance, soon produces on dogs a loss of hair.

In treating fevers a long course of non-nitrogenous diet may produce seborrhœa, which is so often a concomitant of the alopecia. When the special nutritive supply is secure, the depressed condition of the vaso-motor and trophic nerves proceeding from the cervical ganglia to the scalp may be stimulated by blisters and liniments at the back of the neck. Dr. Mapother has always found that friction of the scalp with pomades and lotions dislodges many hairs which might otherwise remain, and that cold or tepid baths with salt added and rough rubbing of the rest of the body will flush the capillaries of the affected part more effectually. Besides when pomades are used, frequent washing becomes necessary and this is conducive to baldness.

*Local Anesthetics—Parsons.*—The venerable Dr. Parsons, in sending this formula for publication (*Southern Dental Journal*), says, "I cannot expect to remain much longer in this world and I want the profession to know the value of this local anæsthetic."

R<sub>x</sub>

Chloroform,	12 parts
Tr. Aconite,	12 "
Tr. Capsicum,	4 "
Tr. Pyrethrum,	2 "
Oil Cloves,	2 "
Camphor,	2 "

Dissolve the camphor in the chloroform, then add oil of cloves and then the tinctures.

*Alcohol in Patent Medicines.*—A drink of whiskey is resorted to by the toper to "make him feel better." Alcohol seems to produce a temporary elation which many makers of patent medicines take advantage of. If a dose of the medicine seems to affect



the patient at once, the presumption is, that he will go on taking the remedy. Besides this, if the alcohol habit is once formed it will be hard work to discontinue taking the medicine just as it is hard to stop drinking whiskey when the habit is once formed. Look out for a majority of the "bitters"—they are simply disguised alcohol. In the report on nostrums, proprietary medicines and new drugs, which was read before the American Association for the Cure of Inebriates, is found in the appendix the following list of the analyses of a large number of well-known patent medicines. Some of the more popular ones contain alcohol as follows :

	PER CENT. OF ALCOHOL.
Dr. Buckland's Scotch Oats Essence.....	35
(Also $\frac{1}{4}$ gr. Morphine to the ounce.) A more insidious and dangerous fraud can scarcely be imagined, especially when administered as this is recommended, for the cure of inebriety or the opium habit.	
The "Best" Tonic.....	7.65
Carter's Physical Extract.....	22
Hop Tonic.....	7
Howe's Arabian Tonic. "Not a Rum Drink".....	13.2
Jackson's Golden Seal Tonic.....	19.6
Leibig Co's. Coca Beef Tonic.....	23.2
Schenck's Seaweed Tonic.....	19.5
"Distilled from seaweed after the same manner as Jamaica spirit is from sugar cane. It is therefore entirely harmless and free from the injurious properties of corn and rye whiskey."	
Atwood's Quinine Tonic Bitters.....	29.2
L. B. Atwood's Jaundice Bitters.....	22.3
Moses Atwood's Jaundice Bitters.....	17.1
Brown's Iron Bitters. "Perfectly harmless, not a substitute for whiskey".....	19.7
Burdock Blood Bitters.....	25.2
Carter's Scotch Bitters.....	17.6
Drake's Plantation Bitters.....	33.2
Flint's Quaker Bitters.....	21.4
Goodhue's Bitters.....	16.1
Hartshorn's Bitters.....	22.2
Hoofland's German Bitters—"Entirely vegetable and free from alcoholic stimulant".....	25.6
Hop Bitters.....	12
Hostetter's Stomach Bitters.....	44.3
Kaufman's Sulphur Bitters, "contains no alcohol." (In fact it contains no sulphur, but 20.5 per cent. alcohol).....	20.5
Liverpool's Mexican Tonic Bitters.....	22.4
Pierce's Indian Restorative Bitters.....	6.1
Rush's Bitters.....	35
Dr. Richardson's Concentrated Sherry Wine Bitters. "Three times daily or when there is a sensation of weakness or uneasiness at the stomach".....	48.5
Walker's Vinegar Bitters. "Free from all alcoholic stimulants, contains no spirit".....	6.1
Warner's Safe Tonic Bitters.....	35.7
Warren's Bilious Bitters.....	21.5
Faith Whitcomb's Nerve Bitters.....	20.3









